2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 06, 2005 8:00 am
Secretary of State

03-02-2005 90070 042 ***150.00

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01122005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000022334

1. Entity Name
WINDWEST INVESTMENT, INC

Principal Place of Business	Mailing Address
3318 SW 20 ST MIAMI, FL 33145 US	3318 SW 20 ST MIAMI, FL 33145 US

2. Principal Place of Business	3. Mailing Address
c/o Glinsky 169 E Flagler St	c/o Glinsky 169 E Flagler St
Suite, Apt. #, etc.: 1118	Suite, Apt. #, etc.: 1118
City & State: Miami FL	City & State: MIAMI FL
Zip: 33131 Country: MIAMI DADE	Zip: 33131 Country: MIAMI DADE

4. FEI Number: 20-0694595 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, ALEJANDRO
3318 SW 20 ST
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: Glinsky, Michael CPA

Street Address (P.O. Box Number is Not Acceptable): 169 E. Flagler Street Suite 1118

City: Miami FL Zip Code: 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 4-13-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	GUTIERREZ, ALEJANDRO	NAME	GUTIERREZ, ALEJANDRO
STREET ADDRESS	3318 SW 20 ST	STREET ADDRESS	c/o Glinsky 169 E Flagler St Ste 1118
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	MIAMI FL 33131
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AYALA, MARIA G	NAME	
STREET ADDRESS	3318 SW 20 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ _____ 2-28-05 (305)3584466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #