

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90059 018 ***150.00



DOCUMENT # P04000022334
 1. Entity Name
WINDWEST INVESTMENT, INC

Principal Place of Business Mailing Address
C/O GLINSKY **C/O GLINSKY**
169 E FLAGLER STREET **169 E FLAGLER STREET**
MIAMI, FL 33131 US **MIAMI, FL 33131 US**

400077



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
C/O GLINSKY **C/O GLINSKY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
169 E FLAGLER STREET 1620 **169 E FLAGLER STREET STE 1620**

02072007 Chg-P CR2E034 (12/06)

City & State City & State
MIAMI, FL **MIAMI, FL**
 Zip Country Zip Country
33131 **US** **33131** **US**

4. FEI Number Applied For
20-0694595 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GLINSKY, MICHAEL CPA
169 E FLAGLER STREET
MIAMI, FL 33131

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 1620
 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: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: **03-29-07**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GUTIERREZ, ALEJANDRO	
STREET ADDRESS	C/O GLINSKI, 167 E FLAGLER ST, SUITE 1118	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, ALEJANDRO	
STREET ADDRESS	C/O GLINSKY, 169 E FLAGLER ST, SUITE 1620	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **03-29-07** Daytime Phone #: **(305) 358-4466**