2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# P06000088413

Entity Name: WIND INSURANCE MITIGATION, INC.

Current Principal Place of Business:

10310 S.W. 19 ST.
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

10310 S.W. 19 ST.
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 20-5140150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIONDA, ANTHONY
10310 S.W. 19 ST.
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

RIONDA, ANTHONY A ANTHONY
10310 S.W. 19 ST.
MIAMI, FL 33165 US

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.

SIGNATURE: ANTHONY RIONDA 03/06/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P D ( ) Delete
Name: RIONDA, ANTHONY
Address: 10310 S.W. 19 ST.
City-St-Zip: MIAMI, FL 33165 US

Title: TRES ( ) Delete
Name: RIONDA, ILEANA
Address: 10310 S.W. 19 ST.
City-St-Zip: MIAMI, FL 33165 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change ( ) Addition
Name: RIONDA, ANTHONY A
Address: 10310 S.W. 19 ST.
City-St-Zip: MIAMI, FL 33165 US

Title: TRES (X) Change ( ) Addition
Name: RIONDA, ILEANA O
Address: 3590 CORAL WAY #912
City-St-Zip: MIAMI, FL 33145 US

Title: DIR ( ) Change (X) Addition
Name: RIONDA, MARIA I
Address: 10310 SW 19 ST
City-St-Zip: MIAMI, FL 33165 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY RIONDA PRES 03/06/2007
Electronic Signature of Signing Officer or Director Date