

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2008 8:00 am
Secretary of State

06-27-2008 90001 008 ***150.00

DOCUMENT # P07000096372

1. Entity Name
WINTEK CORPORATION



Principal Place of Business
1621 S.W. 4TH AVENUE
POMPAÑO BEACH, FL 33060

Mailing Address
1621 S.W. 4TH AVENUE
POMPAÑO BEACH, FL 33060

50007593



2. Principal Place of Business - No P.O. Box #
15706 E. WATERSIDE CIR

3. Mailing Address
15706 WATERSIDE CIR

Suite, Apt. #, etc.
#106

Suite, Apt. #, etc.
#106

06172008 Chg-P CR2E034 (12/06)

City & State
Sunrise FL

City & State
Sunrise FL

4. FEI Number
26-0186749

Applied For
Not Applicable

Zip
33326

Country

Zip
33326

Country

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

6. Name and Address of Current Registered Agent

PRONOVOST, LUC
1621 S.W. 4TH AVENUE
POMPAÑO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
15706 E. WATERSIDE CIR #106
City Sunrise, FL Zip Code 33326

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

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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PRONOVOST, LUC
1621 S.W. 4TH AVENUE
POMPAÑO BEACH, FL 33060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

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

Daytime Phone #

6-23-08

954-655-3232