

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000067664

Entity Name: HIGH WIND ALUMINUM CORP.

FILED
Aug 26, 2009
Secretary of State

Current Principal Place of Business:

819 CALVERT AVE.
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

819 CALVERT AVE.
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 90-0401260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALINDEZ, ANTONIO
819 CALVERT AVE
LEHIGH ACRES FLORIDA, FL 33971 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALINDEZ, ANTONIO
Address: 819 CALVERT AVE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP () Delete
Name: GALINDEZ, JESSICA
Address: 819 CALVERT AVE
City-St-Zip: LEHIGH ACRES, FL 33971

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GALINDEZ, DAVID
Address: 819 CALVERT AVE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: TREA () Change (X) Addition
Name: TORRES, FELIX
Address: 800 LEE AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: SECR () Change (X) Addition
Name: RAZNOFF, THOMAS
Address: 614 GLENN AVE
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify 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: ANTONIO GALINDEZ

PRES

08/26/2009

Electronic Signature of Signing Officer or Director

Date