

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000067664

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** HIGH WIND ALUMINUM CORP.

**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  
Name: GALINDEZ, ANTONIO  
Address: 819 CALVERT AVE  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP  
Name: GALINDEZ, DAVID  
Address: 819 CALVERT AVE  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: TREA  
Name: TORRES, FELIX  
Address: 800 LEE AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: SECR  
Name: RAZNOFF, THOMAS  
Address: 614 GLENN AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: SECR  
Name: EVANS, MARK  
Address: 7 HINES AVE  
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby 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 all other like empowered.

**SIGNATURE:** ANTONIO GALINDEZ

PRES

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date