


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000048902 1. Entity Name WELL WIND CORP.	
---	---

Principal Place of Business P.O. BOX 273427 BOCA RATON, FL 33427	Mailing Address P.O. BOX 273427 BOCA RATON, FL 33427
--	--

DO NOT WRITE IN THIS SPACE



07132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0559835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARAZOZA & FERNANDEZ-FRAGA P.A. 2100 SALZEDO STRET SUITE 300 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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)

U000000571674
07/21/06-80007-005 150.00
DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD ALBERTO, RAPHAEL P.O. BOX 273427 BOCA RATON, FL 33427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MILAGROS, RAPHAEL P.O. BOX 273427 BOCA RATON, FL 33427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: *Alberto Raphael* ALBERTO RAPHAEL (PSTD) 7-18-06 (561)789-9808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #