## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 07, 2007 8:00 am Secretary of State

DOCUMENT # P95000004384  1. Entity Name WINDRIVE INTERNATIONAL, INC.						00064 002 ***15	0.00	
Principal Place of Business 216 43RD STREET SUITE 304 MIAMI BEACH, FL 33140		Mailing Address 216 43RD STREET SUITE 304 MIAMI BEACH, FL 33140			4010.1022			
2. Principal Place of Business - No P.O. Box # 337 W 057 47 57  Suite, Apt. #, etc.		3. Mailing Address 337 W 47 Suite, Apt. #, etc.	7 57	_	1			
City & State MIAMI BUACH		City & State Mignay Brach F		05022007 4. FEI Numb		<del> </del>	Applied For	
<u>M(A</u> 3314	Country	Miami Beach	ountry  USA	65-055 5. Certificate	of Status Desired	\$8.75 A		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
LEE WANG LICIANG				Name				
LEE, WANG-HSIANG 17901 NW 16 CT.				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33015								
·			City			FL Zip Co	de	
8. The above named entity submits this statement for the purpose of charging 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 number in applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Finar Trust Fund Contribution				\$5.00 May Be Added to Foes	In accordance v corporation did	with s. 607.193(2)(b) not receive the prior	, F.S., the notice.	
10.	OFFICERS AND DIRECTORS 11		11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, WANG-HSIANG 17901 NW 76 CT MIAMI, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEE, WEI-MEAN 17901 NW 76 CT. MIAMI, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
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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 treates empowered to execute this report as received 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.								