

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90284 040 ***150.00

DOCUMENT # P97000053784

1. Corporation Name

WINDY TURBINES, INC.

Principal Place of Business

10755 SW 190TH ST
SUITE 79
MIAMI FL 33157
US

Mailing Address

10755 SW 190TH ST
SUITE 79
MIAMI FL 33157
US

2. Principal Place of Business

21 21224 S.W. 92nd Ave

2a. Mailing Address

26 21224 S.W. 92nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33189

Country

25 DADE

Zip

29 33189

Country

30 DADE

9. Name and Address of Current Registered Agent

BEAULIEU, ELIA
18821 BELMONT DR
MIAMI FL 33157

3. Date Incorporated or Qualified

06/18/1997

4. FEI Number

65-0761997

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/16/99

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BEAULIEU, KEITH
STREET ADDRESS 18821 BELMONT DR
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ DELETE

NAME BEAULIEU, ELIA
STREET ADDRESS 18821 BELMONT DR
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Beaulieu Keith
1.3 STREET ADDRESS 21224 S.W. 92nd Ave
1.4 CITY-ST-ZIP Miami FL 33189

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Beaulieu, Elia
2.3 STREET ADDRESS 21224 S.W. 92nd Ave
2.4 CITY-ST-ZIP Miami FL 33189

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

04/16/99

305 259 8516

Date

Daytime Phone #

CP2E024/1110A