
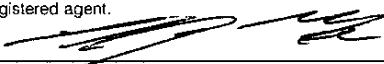



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90058 002 \*\*\*150.00

DOCUMENT # P99000012160			
1. Entity Name WINDCLIFT LIMITED CORPORATION			
Principal Place of Business 55 WESTON ROAD SUITE #321 SUNRISE, FL 33326		Mailing Address P.O. BOX 267308 SUNRISE, FL 33326	
2. Principal Place of Business 2835 Kinsington Circle		3. Mailing Address P.O. BOX 267308	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston FL		City & State Weston FL	
Zip 33332		Zip 33326	
Country		Country	
4. FEI Number 65-0917727		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 LUIS ROMERO, JOSE 2537 MONTCLAIRE CIRCLE WESTON, FL 33327		7. Name and Address of New Registered Agent Name: Jose Luis Romero Street Address (P.O. Box Number is Not Acceptable): 2835 Kinsington Circle City: Weston FL Zip Code: 33332	
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: 		DATE: 1-10-05	
SIGNATURE, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P <input type="checkbox"/> Delete	NAME: ROMERO, JOSE L	TITLE: <del>VP</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Jose Luis Romero
STREET ADDRESS: 2537 MONTCLAIRE CIRCLE	CITY-ST-ZIP: WESTON, FL 33327	STREET ADDRESS: 2835 Kinsington Circle	CITY-ST-ZIP: Weston FL 33332
TITLE: VP <input type="checkbox"/> Delete	NAME: ROMERO, ELIZABETH	TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Romero Elizabeth
STREET ADDRESS: 2537 MONTCLAIRE CIRCLE	CITY-ST-ZIP: WESTON, FL 33327	STREET ADDRESS: 2835 Kinsington Circle	CITY-ST-ZIP: Weston FL 33332
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
12. 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 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 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.			
SIGNATURE: 		DATE: 1-10-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 954-562-0911	

50005199



01102005 Chg-P CR2E034 (10/03)