

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90022 013 ***150.00

DOCUMENT # P99000012160					
1. Entity Name WINDCLIFT LIMITED CORPORATION					
Principal Place of Business 2835 KINSINGTON CIRCLE SUITE #321 WESTON, FL 33332			Mailing Address P.O. BOX 267308 WESTON, FL 33326		
2. Principal Place of Business - No P.O. Box # 1830 S. OCEAN DRIVE Suite, Apt. #, etc. APT 1904 City & State HALLANDALE BEACH, FL Zip Country 33009 USA		3. Mailing Address 1830 S. OCEAN DRIVE Suite, Apt. #, etc. APT 1904 City & State HALLANDALE BEACH, FL Zip Country 33009 USA		40110638 	
4. FEI Number 65-0917727				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04182007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent LUIS ROMERO, JOSE 2835 KINSINGTON CIRCLE WESTON, FL 33332			7. Name and Address of New Registered Agent Name ROMERO, JOSE LUIS Street Address (P.O. Box Number is Not Acceptable) 1830 S. OCEAN DRIVE, APT 1904 City HALLANDALE BEACH, FL Zip Code 33009		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		JOSE LUIS ROMERO <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 04-24-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P LUIS ROMERO, JOSE 2835 KINSINGTON CIRCLE WESTON, FL 33332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMERO, JOSE LUIS 1830 S. OCEAN DRIVE, APT 1904 HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMERO, ELIZABETH 2835 KINSINGTON CIRCLE WESTON, FL 33332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMERO, ELIZABETH 1830 S. OCEAN DRIVE, APT 1904 HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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 04-24-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		