


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90012 010 \*\*\*150.00

DOCUMENT#-P99000082581			
1. Entity Name WINVEST CORPORATION			
Principal Place of Business 2801 N.W. 3RD AVE. MIAMI, FL 33127		Mailing Address 2801 N.W. 3RD AVE. MIAMI, FL 33127	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CAMACHO, CESAR R 240 E. FLAGLER ST. MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: <u>DAVID WECK</u> Street Address (P.O. Box Number is Not Acceptable): <u>2801 NW 3 AVE</u> City: <u>MIAMI</u> FL Zip Code: <u>33127</u>	
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: <u>Cesar R. Camacho</u> DATE: <u>1/7/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PSD WECK, DAVID 2801 N.W. 3RD AVE. MIAMI, FL 33127 <u>PRES.</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ELENA WECK</u> <u>2801 NW 3 AVE</u> <u>MIAMI FL 33127</u> <u>CORP SEC.</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: <u>David Weck Pres</u>		DATE: <u>1/7/05</u>	DAYTIME PHONE #: <u>(305)573-0163</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>



01052005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0963516** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required