2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT

DOCUMENT # S84658

1. Entity Name
GOLDEN WIND CORPORATION

FILED
05 OCT 14 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O ICD SHUTTS & BOWEN 201 S BISCAYNE BLVD #1500 MIAMI, FL 33131	C/O ICD SHUTTS & BOWEN 201 S BISCAYNE BLVD #1500 MIAMI, FL 33131

08152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
c/o IRIONDO - 881 OCEAN Dr.		c/o IRIONDO	
Suite, Apt. #, etc.: # 22B		Suite, Apt. #, etc.: 901 PONCE de LEON BLVD # 501	
City & State: KEY Biscayne		City & State: CORAL GABLES	
Zip: 33149	Country: MIAMI DADE	Zip: 33134	Country: MIAMI DADE

4. FEI Number 65-0316979 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD #1500
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: ANDRÉS J. IRIONDO
Street Address (P.O. Box Number is Not Acceptable): 901 Ponce de Leon # 501
City: Coral Gables FL Zip Code 33149

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: Andrés J. Iriondo DATE: 9/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D LANDSBERGER, ELIAS 201 S. BISCAYNE BLVD., STE 1500 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060626133 10/14/05--01052--005 **61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDSBERGER, NATALIA 201 S. BISCAYNE BLVD., STE 1500 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ELIAS LANDSBERGER Aug. 30 2005 305-445 0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #