

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90035 022 \*\*\*\*61.25

**DOCUMENT # 751441**  
 1. Entity Name  
**TRADEWINDS BY THE SEA, INC.**



Principal Place of Business  
**2029 NORTH OCEAN BLVD.  
 FORT LAUDERDALE, FL 33305**

Mailing Address  
**1750 UNIVERSITY DR.  
 205  
 POMPANO BEACH, FL 33071**

**50015829**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01302005 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number  
**59-2003419**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SIFT MGMT. SOULTIONS  
 1750 UNIVERSITY DR.  
 #205  
 POMPANO BEACH, FL 33071**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/> Delete
NAME	<b>COSTA, LUIS</b>	
STREET ADDRESS	<b>2029 NORTH OCEAN BLVD #204</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33305</b>	
TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/> Delete
NAME	<b>MCLEMEED, PATRICK</b>	
STREET ADDRESS	<b>2029 N OCEAN BLVD., 306</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33305</b>	
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Price, Angela</b>	
STREET ADDRESS	<b>2029 N Ocean Blvd # 308</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33305</b>	
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Price, Dallas</b>	
STREET ADDRESS	<b>2029 N Ocean Blvd #308</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33305</b>	
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Price, Wally</b>	
STREET ADDRESS	<b>2029 N Ocean Blvd #108</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33305</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 617, 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:** \_\_\_\_\_ **1/11/05 8543416340**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #