


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90182 037 ***150.00

DOCUMENT # K51892
 1. Entity Name
WINGS RESTAURANT & PUB, ETC., INC.



Principal Place of Business
 1319 FLORIDA MALL AVE.
 ORLANDO, FL 32809


Mailing Address
 1319 FLORIDA MALL AVE.
 ORLANDO, FL 32809

60037064

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

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

05012006 Chg-P CR2E034 (11/05)



City & State
 Zip Country

4. FEI Number
59-2923500

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ACCOUNTING SERVICES OF ORLANDO INC
1005 W OAKRIDGE ROAD
ORLANDO, FL 32809

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 _____ DATE _____
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | RODRIGUEZ, JUAN | |
| STREET ADDRESS | 4932 BRIGHTMOUR CR | |
| CITY-ST-ZIP | ORLANDO, FL 32837 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GONCALVES, JOSE MIGUEL | |
| STREET ADDRESS | 14013 ISLAMORADA DR. | |
| CITY-ST-ZIP | ORLANDO, FL 32837 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GUERRA, JOSE | |
| STREET ADDRESS | 14208 ISLA MORADA DR | |
| CITY-ST-ZIP | ORLANDO, FL 32837 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ABREU, JOSE | |
| STREET ADDRESS | 1319 FLORIDA MALL AVE | |
| CITY-ST-ZIP | ORLANDO, FL 32809 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUERRA, JOSE | |
| STREET ADDRESS | 14208 ISLA MORADA DR. | |
| CITY-ST-ZIP | ORLANDO FL 32837 | |
| TITLE | J.P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABREU, JOSE | |
| STREET ADDRESS | 1319 Florida Mall Ave | |
| CITY-ST-ZIP | ORLANDO FL 32809 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 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: *Jose Guerra* **09-28-06** **402-240-4635**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #