

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 03, 2004  
Secretary of State**

DOCUMENT# N01000008700

Entity Name: WINGS OVER MIAMI MUSEUM, INC.

**Current Principal Place of Business:**

14710 SW 128TH ST  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

14710 SW 128TH ST  
MIAMI, FL 33196

**New Mailing Address:**

FEI Number: 01-0624232      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PLOUCHA, L M  
1946 TYLER ST  
HOLLYWOOD, FL 330204517 US

**Name and Address of New Registered Agent:**

GASSMAN, PHILIP S  
8325 SW 143 STREET  
MIAMI, FL 33158 US

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.

SIGNATURE: PHILIP S GASSMAN      02/03/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: RIGHETTI, BETTY AMOS  
Address: 13724 SW 92ND CT  
City-St-Zip: MIAMI, FL 33176

Title: PD ( ) Delete  
Name: ORTH, WALTER H JR  
Address: 321 LOS PINOS PLACE  
City-St-Zip: CORAL GALBES, FL 331436426

Title: VPD ( ) Delete  
Name: TIRADO, VINCENT  
Address: 14710 SW 128TH ST  
City-St-Zip: MIAMI, FL 33196

Title: SD ( ) Delete  
Name: PLOUCHA, L M  
Address: 1946 TYLER STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: CRISTOL, A JAY  
Address: 51 S.W. 1ST AVE CHAMBERS 1412  
City-St-Zip: MIAMI, FL 33130

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: RIGHETTI, BETTY AMOS  
Address: 13724 SW 92ND CT  
City-St-Zip: MIAMI, FL 33176

Title: VP (X) Change ( ) Addition  
Name: ORTH, WALTER H JR  
Address: 321 LOS PINOS PLACE  
City-St-Zip: CORAL GALBES, FL 331436426

Title: TSR (X) Change ( ) Addition  
Name: GASSMAN, PHILIP S  
Address: 8325 SW 143 ST  
City-St-Zip: MIAMI, FL 33158

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP S GASSMAN      TSR      02/03/2004  
Electronic Signature of Signing Officer or Director      Date