


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008700

1. Entity Name
WINGS OVER MIAMI MUSEUM, INC.



Principal Place of Business 14710 SW 128TH ST MIAMI, FL 33196	Mailing Address 14710 SW 128TH ST MIAMI, FL 33196
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04222005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 01-0624232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RIGHETTI, BETTY AMOS 13724 SW 92ND CT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORTH, WALTER H JR 321 LOS PINOS PLACE CORAL GABLES, FL 331436426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSR GASSMAN, PHILIP S 8325 SW 143 ST MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLOUCHA, L M 1946 TYLER STREET HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISTOL, A. JAY 51 S.W. 1ST AVE CHAMBERS 1412 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/05/05-80130-001 150.00

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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)(f), 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: _____ Date _____ Daytime Phone # _____

[Handwritten Signature]