2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

04-14-2005 90098 011 ***150.00

DOCUMENT # P04000046119

1. Entity Name
SILVER WINGS TRANSP., INC..

66017605

Principal Place of Business	Mailing Address
~~1928 HARRISON ST.~~ ~~HOLLYWOOD, FL 33020~~	~~1928 HARRISON ST.~~ ~~HOLLYWOOD, FL 33020~~

2. Principal Place of Business: 5111 BRANNON Ave	3. Mailing Address: 5111 BRANNEN Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONville FL	City & State: JACKSONville FL
Zip: 32210 Country: DUVAL	Zip: 32210 Country: DUVAL

04012005 Chg-P CR2E034 (10/03)

4. FEI Number: 51-0501891 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SALAZAR, RICARDO C	Name
~~1928 HARRISON ST.~~	Street Address (P.O. Box Number is Not Acceptable): 5111 BRANNON Ave
~~HOLLYWOOD, FL 33020~~	City: JACKSONVILLE FL Zip Code: 32210

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, 2005 Fee will be $550.00

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	P SALAZAR, RICARDO C ~~1928 HARRISON ST.~~ ~~HOLLYWOOD, FL 33020~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, TREASURER 5111 BRANNON AVE JACKSONVille, FL 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELIZABETH SALAZAR 5111 BRANNON AVE. JACKSONVILLE, FL. 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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 ____________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #