2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90222 031 ***158.75

DOCUMENT # P05000021781

1. Entity Name
EASTLAND WINGS, INC.

Principal Place of Business	Mailing Address
~~3411 SW 24TH TERR.~~	~~3411 SW 24TH TERR.~~
~~MIAMI, FL 33145 US~~	~~MIAMI, FL 33145 US~~

04242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
11249 NW 59 TERRACE		11249 NW 59 TERR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DORAL, FL		City & State: DORAL FL	
Zip: 33178	Country: USA	Zip: 33178	Country: USA

4. FEI Number: 41-2167226 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AYALA, LAUREN
11249 NW 59TH TERR
MIAMI, FL 33178

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 Lauren D. Ayala President 04-25-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	FRANCO, EMILIANO		NAME	AYALA, LAUREN	
STREET ADDRESS	3411 SW 24TH TERR		STREET ADDRESS	11249 NW 59th TERRACE	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	DORAL, FL 33178	
TITLE	VSD	☒ Delete	TITLE	S	☒ Change ☐ Addition
NAME	AYALA, LAUREN		NAME	FRANCO, EMILIANO	
STREET ADDRESS	3411 SW 24TH TERR.		STREET ADDRESS	21113 NE 3RD AVENUE	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	MIAMI FL 33179	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Lauren D. Ayala President 04-25-07 305-598-9892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #