

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 25 PM 2:56

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2923500	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRA, JOSE B 14208 ISLA MORADA DR ORLANDO, FL 32837				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008				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 GUERRA, JOSE B 14208 ISLA MORADA DR ORLANDO, FL 32837 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE ABREU, JOSE 1319 FLORIDA MALL AVE ORLANDO, FL 32809 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-T Carlos Guerra 14208 Isla Morada Dr Orlando, Florida 32837 ☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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 its 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: <u>Carlos Guerra</u> 6/5/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

6/2

6/25/08

2 of 2

Wings Restaurant & Pub Etc, Inc.

1319 Florida Mall Ave
Orlando, Florida 32809

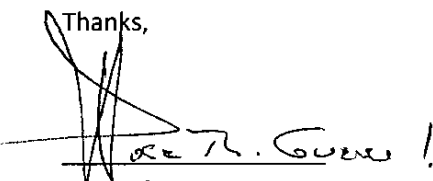
June 5, 2008

Department of State
Division of Corporation

Enclosed please find the annual report for the Wings Restaurant & Pub Etc, Inc. Document number K51892. Last year we paid twice this report on September 25, 2007 for \$550.00 deposit 01039 014 and on November 9, 2007. See copy attached.

Please apply this credit for the 2008 annual report here attached. If any question please feel free to call me at 407-240-4639

Thanks,



Jose B Guerra
President