

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002044

Entity Name: MEGAN'S ANGEL WINGS, INC.**Current Principal Place of Business:**15275 COLLIER BLVD.
#201/579
NAPLES, FL 34119**Current Mailing Address:**15275 COLLIER BLVD.
#201/579
NAPLES, FL 34119 US**FEI Number:** 20-2528547**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARTUREN, MARINA ESQ
201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES, FL 33134 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRES
Name BARRENECHE, MARGARET M
Address 15275 COLLIER BLVD.
#201/579
City-State-Zip: NAPLES FL 34119

Title VP
Name BARRENECHE, MARGARITA M
Address 15275 COLLIER BLVD.
#201/579
City-State-Zip: NAPLES FL 34119

Title SEC
Name BARRENECHE, RODOLFO J
Address 15275 COLLIER BLVD.
#201/579
City-State-Zip: NAPLES FL 34119

Title TREA
Name BARRENECHE, MARGARET M
Address 15275 COLLIER BLVD.
#201/579
City-State-Zip: NAPLES FL 34119

Title BOD
Name MURCIANO, LEONOR
Address 12732 S.W. 91 STREET
City-State-Zip: MIAMI FL 33186

Title BOD
Name FERNANDEZ, AMPARO A
Address 5340 S.W. 82 AVENUE
City-State-Zip: MIAMI FL 33155

I hereby 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 all other like empowered.

SIGNATURE: MARGARITA BARRENECHE

VP

03/07/2016

Electronic Signature of Signing Officer/Director Detail_____
Date