

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000145575

**Entity Name:** ON THE WINGS OF ANGELS, INC.**Current Principal Place of Business:**DBA TROPICAL SMOOTHIE CAFE  
10111 SAN JOSE BLVD., #12  
JACKSONVILLE, FL 32257**Current Mailing Address:**4715 GRACE FARMS LANE  
JACKSONVILLE, FL 32258 US**FEI Number:** 72-1607864**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORBITT, PATRICIA  
4715 GRACE FARMS LANE  
JACKSONVILLE, FL 32258 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           | P/D                   |
| Name            | CORBITT, GARY         |
| Address         | 4715 GRACE FARMS LANE |
| City-State-Zip: | JACKSONVILLE FL 32258 |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | CORBITT, GARY         |
| Address         | 4715 GRACE FARMS LANE |
| City-State-Zip: | JACKSONVILLE FL 32258 |

|                 |                       |
|-----------------|-----------------------|
| Title           | T/D                   |
| Name            | CORBITT, PATRICIA     |
| Address         | 4715 GRACE FARMS LANE |
| City-State-Zip: | JACKSONVILLE FL 32258 |

|                 |                       |
|-----------------|-----------------------|
| Title           | S                     |
| Name            | CORBITT, PATRICIA     |
| Address         | 4715 GRACE FARMS LANE |
| City-State-Zip: | JACKSONVILLE FL 32258 |

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA CORBITT**SECRETARY****02/09/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date