

2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P18000091062

Entity Name: WINGS MOBILE USA, INC.**Current Principal Place of Business:**4770 BISCAYNE BLVD #400
MIAMI, FL 33137**Current Mailing Address:**4770 BISCAYNE BLVD #400
MIAMI, FL 33137 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERT ALLEN LAW
1441 BRICKELL AVE #1400
MIAMI, FL 33131 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	CEO
Name	BIANCHINI, DANIELE
Address	4770 BISCAYNE BLVD #400
City-State-Zip:	MIAMI FL 33137

Title	PD
Name	BIANCHINI, DANIELE
Address	4770 BISCAYNE BLVD #400
City-State-Zip:	MIAMI FL 33137

Title	COO
Name	MILIO, ANTONIO
Address	4770 BISCAYNE BLVD #400
City-State-Zip:	MIAMI FL 33137

Title	D
Name	MILIO, ANTONIO
Address	4770 BISCAYNE BLVD #400
City-State-Zip:	MIAMI FL 33137

Title	SECRETARY
Name	REALINI, MARCO ANGELO
Address	4770 BISCAYNE BLVD #400
City-State-Zip:	MIAMI FL 33137

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: DANIELE BIANCHINI**PRESIDENT****08/13/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date