

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004846

**Entity Name:** DW DOMINICAN WINGS, S.A., CO.

**Current Principal Place of Business:**

1086 NW 96TH AVE  
PLANTATION, FL 33322

**Current Mailing Address:**

1086 NW 96TH AVE  
PLANTATION, FL 33322 US

**FEI Number: 98-1304881**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DUBE ACCOUNTING SOLUTIONS, INC.  
10461 SW 40 TERRACE  
MIAMI, FL 33165 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  
Name MENDEZ, VICTOR  
Address AV. ABRAHAM LINCOLN #396 ENS LA JULIA  
City-State-Zip: SANTO DOMINGO

Title S  
Name FORBERG, GARDAR  
Address ABRAHAM LINCOLN AVE JACINTO MANON ST #1069 TORRE EJECUTIVA SONORA STE. 601 ENS SERRALES  
City-State-Zip: STO. DOMINGO

Title VP  
Name MAJAIL, MOURAD  
Address ABRAHAM LINCOLN AVE AND JACINTO MANON ST #1069 TORRE EJECUTIVA SONORA STE. 601 ENS SERRALES  
City-State-Zip: STO DOMINGO  
  
Title T  
Name MASSON, DAVID  
Address ABRAHAM LINCOLN AVE AND JACINTO MANON ST #1069 TORRE EJECUTIVA SONORA STE 601 ENS SERRALES  
City-State-Zip: STO. DOMINGO

*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: VICTOR MIGUEL PACHECO MENDEZ**

**PRESIDENT**

**01/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date