

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # H18356

1. Entity Name
WING AERO, INC.



Principal Place of Business
**9601 NW 35TH CT
CORAL SPRINGS, FL 33065 US**

Mailing Address
**9601 NW 35TH CT.
CORAL SPRINGS, FL 33065 US**

DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2439848

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLBACCHINI, BRUNO
9601 NW 35 CT.
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CANNER, NORMAN
STREET ADDRESS	5006 MCKINLEY ST.
CITY- ST- ZIP	HOLLYWOOD, FL
TITLE	SD
NAME	COLBACCHINI, ROSEMARY
STREET ADDRESS	9601 NW 35 CT.
CITY- ST- ZIP	CORAL SPRINGS, FL
TITLE	VD
NAME	COLBACCHINI, BRUNO
STREET ADDRESS	9601 NW 35 CT.
CITY- ST- ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000266320
03/17/05-80026-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Norman Canner

3/15/05 954-963-3813