

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90160 001 ***150.00

DOCUMENT # J64494

1. Entity Name
JET WINGS TRAVEL INCORPORATED



Principal Place of Business
**2264 NW 87TH AVENUE
MIAMI, FL 33172 US**

Mailing Address
**2264 NW 87TH AVENUE
MIAMI, FL 33172 US**

2. Principal Place of Business

1746 NW. 82nd Ave

Suite, Apt. #, etc.

3. Mailing Address

1746 NW. 82nd Ave

Suite, Apt. #, etc.

04152004

Chg-P

CR2E034 (10/03)



City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

59-2830932

Applied For

Not Applicable

Zip

33124

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JHANGIMAL, SONIA D
2264 NW 87TH AVE.
MIAMI, FL 33172**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: **P** ☐ Delete
NAME: **JHANGIMAL, GOBINDRAN**
STREET ADDRESS: **2264 NW 87TH AVENUE**
CITY-STATE-ZIP: **MIAMI, FL 33172**

TITLE: **VD** ☒ Delete
NAME: **JHANGIMAL, SONIA DIPU**
STREET ADDRESS: **2264 NW 87TH AVENUE**
CITY-STATE-ZIP: **MIAMI, FL 33172**

TITLE: **SD** ☒ Delete
NAME: **JHANGIMAL, SONIA D**
STREET ADDRESS: **2264 NW 87TH AVENUE**
CITY-STATE-ZIP: **MIAMI, FL 33172**

TITLE: **T** ☒ Delete
NAME: **JHANGIMAL, RAVI**
STREET ADDRESS: **2264 NW 87TH AVE.**
CITY-STATE-ZIP: **MIAMI, FL 33172**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **JHANGIMAL, GOBINDRAN** ☒ Change ☐ Addition
NAME: **1746 NW. 82nd Ave**
STREET ADDRESS: **Miami, FL. 33126**
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
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CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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

04/27/04

Date

305-591-1285

Daytime Phone if