


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90570 005 ***150.00

DOCUMENT # J64494 1. Entity Name JET WINGS TRAVEL INCORPORATED																																																																							
Principal Place of Business 1746 NW 82ND AVENUE MIAMI, FL 33172 US			Mailing Address 1746 NW 82ND AVENUE MIAMI, FL 33172 US																																																																				
2. Principal Place of Business 9737 NW. 41st		3. Mailing Address 9737 NW. 41st																																																																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. PMB 465																																																																					
City & State Miami, FL.		City & State Miami, FL.		4. FEI Number 59-2830932																																																																			
Zip 33178		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 JHANGIMAL. Street Address (P.O. Box Number is Not Acceptable) 9737 NW. 41st Street PMB 465 City Miami FL Zip Code 33178																																																																				
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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">P JHANGIMAL, GOBINDRAN</td> <td style="width: 20%; padding: 2px; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">P Jhangimal, GOBINDRAN</td> <td style="width: 20%; padding: 2px; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">1746 NW 82ND AVE.</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">9737 NW. 41st St</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">MIAMI, FL 33126</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">Miami, FL 33178</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P JHANGIMAL, GOBINDRAN	<input checked="" type="checkbox"/> Delete	TITLE	P Jhangimal, GOBINDRAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	1746 NW 82ND AVE.		NAME	9737 NW. 41st St		STREET ADDRESS	MIAMI, FL 33126		STREET ADDRESS	Miami, FL 33178		CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 687, 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: <i>Gobindran Jhangimal</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 04/25/05 Daytime Phone # 305-591-1285																																																																			