


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # K27401 1. Entity Name WINGS FROM HEAVEN, INC. |  |
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| Principal Place of Business 26800 SW 189 AV HOMESTEAD, FL 33031 US | Mailing Address 26800 SW 189 AV HOMESTEAD, FL 33031 US |
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02212007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0058282 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent MUSCANERA, JOSEPH P 26800 SW 189 AVE 1 HOMESTEAD, FL 33031 |
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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS MUSCANERA, JOSEPH P 26800 SW 189TH AVENUE MIAMI, FL 33031 |
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03/21/07-80022-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Joseph P. Muscanera** 3-8-07 +3052451138
Signature and typed or printed name of signing officer or director Date Daytime Phone #