

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006526

FILED  
May 20, 2011  
Secretary of State

Entity Name: F.C.T. BROKEN WINGS, INC.

## Current Principal Place of Business:

11477 NW 39 CT  
106  
CORAL SPRINGS, FL 33065 US

## New Principal Place of Business:

6501 WINFIELD BLVD  
UNIT 56  
MARGATE, FL 33063 US

## Current Mailing Address:

P.O. BOX 9367  
FORT LAUDERDALE, FL 33310 US

## New Mailing Address:

FEI Number: 14-1848130      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

UPSHAW, KAREN  
11477 NW 39 CT  
106  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

UPSHAW, KAREN AD  
11557 NW 45TH STREET  
CORAL SPRINGS, FL 33065 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: KAREN UPSHAW

05/20/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: ALVIN, EMOGENE W  
Address: 6501 WINFIELD BLVD., UNIT 56  
City-St-Zip: MARGATE, FL 33063 US

Title: D  
Name: ALVIN, KEVIN C  
Address: 6501 WINFIELD BLVD., UNIT 56  
City-St-Zip: MARGATE, FL 33063 US

Title: D  
Name: CUCHEL, FREDERICKA H  
Address: 6501 WINFIELD BLVD., UNIT 56  
City-St-Zip: MARGATE, FL 33063 US

Title: T  
Name: RAINNER, CRYSTAL F  
Address: 6501 WINFIELD BLVD., UNIT 56  
City-St-Zip: MARGATE, FL 33063 US

Title: AD  
Name: ALVIN, ANITA G  
Address: 6501 WINFIELD BLVD., UNIT 56  
City-St-Zip: MARGATE, FL 33063 US

Title: AD  
Name: ALVIN, MARCUS T  
Address: 6501 WINFIELD BLVD., UNIT 56  
City-St-Zip: MARGATE, FL 33063 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN UPSHAW

AD

05/20/2011

Electronic Signature of Signing Officer or Director

Date