

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006032

1. Entity Name
8WINGS4G_D, CORP.



Principal Place of Business

**8448 LITTLELEAF CT
ORLANDO, FL 32835**

Mailing Address

**8448 LITTLELEAF CT
ORLANDO, FL 32835**



01292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0071897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PERDOMO, ALEX C MD
8448 LITTLELEAF CT
ORLANDO, FL 32835**

**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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERDOMO, ALEX C
STREET ADDRESS	8448 LITTLELEAF CT
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	TD
NAME	PERDOMO, GEORGINA C
STREET ADDRESS	8448 LITTLELEAF CT
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	PERDOMO, GABRIEL
STREET ADDRESS	8448 LITTLELEAF CT
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	ROY, GABRIEL P
STREET ADDRESS	8448 LITTLELEAF CT
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	PERDOMO, DAWN
STREET ADDRESS	8448 LITTLELEAF CT
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	ROY, ROBERT
STREET ADDRESS	8448 LITTLELEAF CT
CITY-ST-ZIP	ORLANDO, FL 32835

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04/05/05-80003-012 61.25

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TITLE OF PERSON EMPLOYED BY CORPORATION AS OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-05