

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004186

FILED  
Jul 10, 2009  
Secretary of State

Entity Name: AMIKIDS WINGS SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

11000 SW 220TH ST.  
MIAMI, FL 33170

**New Principal Place of Business:**

**Current Mailing Address:**

11000 SW 220TH ST.  
MIAMI, FL 33170

**New Mailing Address:**

FEI Number: 20-0954347      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HULL, DAVID  
225 WATER ST., STE. 1800  
JACKSONVILLE, FL 32202      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: O'REILLY, JIM  
Address: 27929 SW 165TH AVE  
City-St-Zip: HOMESTEAD, FL 33031

Title: PD      ( ) Delete  
Name: STANDER, O. B  
Address: 5915 BENJAMIN CENTER DR.  
City-St-Zip: TAMPA, FL 33634

Title: S      ( ) Delete  
Name: PRIESTLY, JENNY  
Address: 19500 SW 134TH CT  
City-St-Zip: MIAMI, FL 33177

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C      (X) Change ( ) Addition  
Name: PRIESTLY, JENNY  
Address: 19500 SW 134TH ST CT  
City-St-Zip: MIAMI, FL 33177

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: ARCO, BARBARA  
Address: 701 BRICKELL AVENUE  
City-St-Zip: MIAMI, FL 33131

Title: D      ( ) Change (X) Addition  
Name: CARROLL, VIALETTA  
Address: 739 WASHINGTON AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: O. B. STANDER

PD

07/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date