

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90431 036 ****61.25

DOCUMENT # N05000002044 1. Entity Name MEGAN'S ANGEL WINGS, INC.					
Principal Place of Business P.O. BOX 990998 NAPLES, FL 34116			Mailing Address P.O. BOX 990998 NAPLES, FL 34116		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2528547	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SCAVO, ROSA LLAGUNO 2050 CORAL WAY, SUITE 403 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Brigid D. Soldavini, CPA Street Address (P.O. Box Number is Not Acceptable) 5455 Jaeger Road City Naples FL Zip Code 34109	
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 <i>Margarita Barreneche</i> Margarita Barreneche 4/17/06 Signature (typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRENECHE, RODOLFO P.O. BOX 990998 NAPLES, FL 34116 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer ☒ Change ☐ Addition Barreneche, Rodolfo P.O. Box 990998 Naples, FL 34116		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRENECHE, MARGARITA P.O. BOX 990998 NAPLES, FL 34116 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President, Secretary ☒ Change ☐ Addition Barreneche, Margarita P.O. Box 990998, Naples, FL 34116		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, CRISTINA 17839 SW 152ND AVE. MIAMI, FL 33187 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 617, 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>Margarita Barreneche</i> Margarita Barreneche 4/17/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

(239) 348-7667