

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002044

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: MEGAN'S ANGEL WINGS, INC.

## Current Principal Place of Business:

% BRIGID SOLDAVINI  
5455 JAEGER RD.  
NAPLES, FL 34109

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 990847  
NAPLES, FL 34116

## New Mailing Address:

FEI Number: 20-2528547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOLDAVINI, BRIGID D CPA  
5455 JAEGER RD  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

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: PRES ( ) Delete  
Name: BARRENECHE, MARGARET M  
Address: P.O. BOX 990998  
City-St-Zip: NAPLES, FL 34116

Title: VP ( ) Delete  
Name: BARRENECHE, RODOLFO J  
Address: P.O. BOX 990998  
City-St-Zip: NAPLES, FL 34116

Title: SEC ( ) Delete  
Name: BARRENECHE, MARGARITA M  
Address: PO BOX 990998  
City-St-Zip: NAPLES, FL 34116

Title: TREA ( ) Delete  
Name: BARRENECHE, MARGARITA M  
Address: PO BOX 990998  
City-St-Zip: NAPLES, FL 34116

Title: BOD ( ) Delete  
Name: MURCIANO, LEONOR  
Address: 12732 S.W. 91 STREET  
City-St-Zip: MIAMI, FL 33186

Title: BOD ( ) Delete  
Name: FERNANDEZ, AMPARO A  
Address: 5340 S.W. 82 AVENUE  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: BARRENECHE, MARGARITA M  
Address: P.O. BOX 990998  
City-St-Zip: NAPLES, FL 34116

Title: SEC (X) Change ( ) Addition  
Name: BARRENECHE, RODOLFO J  
Address: PO BOX 990998  
City-St-Zip: NAPLES, FL 34116

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

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

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

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: MARGARITA BARRENECHE

VP

04/07/2009

Electronic Signature of Signing Officer or Director

Date