

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000064507

1. Entity Name
WINGS ON THE OCEAN REALTY, INC.



Principal Place of Business
1980 SOUTH OCEAN DRIVE
HALLANDALE BEACH, FL 33009

Mailing Address
1980 SOUTH OCEAN DRIVE
HALLANDALE BEACH, FL 33009



03182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1021706

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORENO, ALICIA S
1980 SOUTH OCEAN DRIVE
HALLANDALE BEACH, FL 33009

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME MORENO, ALICIA S
STREET ADDRESS 1980 SOUTH OCEAN DRIVE # 21G
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE T
NAME MORENO, ANTONIO
STREET ADDRESS 1980 SOUTH OCEAN DRIVE, #21G
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE VP
NAME PENA, MARTHA
STREET ADDRESS 5860 SW 5TH STREET
CITY-ST-ZIP MIAMI, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(i), 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 607, 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: *Marta Pena*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____