


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90004 007 ***158.75

DOCUMENT # P02000019283 1. Entity Name UPON THE WINGS, INC.					
Principal Place of Business 1457 SUSSEX DRIVE NORTH LAUDERDALE, FL 33068 US			Mailing Address P.O. BOX 573 BOCA RATON, FL 33429		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 1457 SUSSEX DRIVE Suite, Apt. #, etc.		
City & State			City & State NORTH LAUDERDALE FL		
Zip 33068		Country US		4. FEI Number 01-0633581	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FREDERICKS, JENNIFER 1457 SUSSEX DRIVE NORTH LAUDERDALE, FL 33068				7. Name and Address of New Registered Agent Name JENNIFER MAXIMEA Street Address (P.O. Box Number is Not Acceptable) 1457 SUSSEX DRIVE City NORTH LAUDERDALE FL Zip Code 33068	
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 <u><i>Jennifer Maximea</i></u> DATE <u>8/9/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPTS FREDERICKS, JENNIFER 1457 SUSSEX DRIVE NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP DPTS JENNIFER MAXIMEA 1457 SUSSEX DRIVE NORTH LAUDERDALE FL 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u><i>Jennifer Maximea</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8/9/04</u> Daytime Phone # <u>954 718-1319</u>		

34067844



06252004 Chg-P CR2E034 (10/03)

4. FEI Number
01-0633581

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

7. Name and Address of New Registered Agent
 Name **JENNIFER MAXIMEA**
 Street Address (P.O. Box Number is Not Acceptable)
1457 SUSSEX DRIVE
 City **NORTH LAUDERDALE FL** Zip Code **33068**

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 *Jennifer Maximea* DATE 8/9/04
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9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**
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SIGNATURE: *Jennifer Maximea* Date 8/9/04 Daytime Phone # 954 718-1319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR