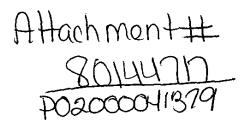
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				FILED Sep 05, 2003 8:00 am Secretary of State
DOCUMENT # P02000041379  1. Entity Name P.R. WINGS, INC.				09-05-2003 90104 034 ***158.75
Principal Place of Business 3901 NORTHWEST 79 AVENUE SUITE 113 MIAMI FL 33166  Mailing Address 3901 NORTHWEST 79 AVE SUITE 113 MIAMI FL 33166			NUE	
2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.				
City & State City & State				4. FEI Number X Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. Street Address 1840 SW 22ND ST.			(P.O. Box Number is Not Acceptable)	
4TH FLOOR MIAMI FL 33145 City N				1.W.79 AVE SUITE 113 AM 1 FL FL 2839166
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. 1 am familiar with, and accept the obligations of registered agent.				
SIGNATURE TABLO M: KIVELD TO DILETAL 9-02-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
10.	OFFICERS AND C	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERA, PABLO M 3901 NORTHWEST 79 AVENUE MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT RIVERA, DELIA E 3901 NORTHWEST 79 AVENUE MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change
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-S1-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated	on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, with the properties of the control of the con	rue and ace <del>ptate a</del> nd that my	signature shall have the srequired by Chapter 60'	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7. Florida Statutes; and that my name appears in Block 10 or Block 11 if

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Florida Dept. Of State Division of Corporations

To whom it may concern:

Regarding the corporation UNIFORM BUSINESS REPORT for P.R.WINGS INC. we hereby request waiver of penalty fee due the corporation did not received prior notice. Thanks for your attention to this matter.

Pablo M. Rivera, Director