2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # P03000010620 1. Entity Name FLAMING WINGS N RIBS, INC.							04-28-2004			0.00
Principal Place of Business 3082 - 17TH STREET SARASOTA, FL 34234 US			Mailing Address 3082 - 17TH STREET SARASOTA, FL 34234 US			1111811111		แนกแนก	*	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04052004	Chg-P	CR2E03	4 (10/03)	• .
City & State			City & State			4. FEI Number 54-	208964	5		olied For Applicable
Zip	Country		Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
JAFFAL, ALI 3015 CHIANTI COURT SARASOTA, FL 34237					Street Address (P.O. Box Number is Not Acceptable)					
#		en e		City	<u> </u>	 	FL	Zip Code		
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										
DATE TO A CONTINUE OF THE PROPERTY OF THE PROP										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						5.00 May Be dded to Fees		•		- ,
10.	· · · · · · · · · · · · · · · · · · ·	FFICERS AND DI	RECTORS .	11.		ADDITIONS	CHANGES TO OFF	ICERS AND [DIRECTORS	IN 11
TITLE"	D .		☐ Delete	TITL		1			Change	Addition
NAME STREET ADDRESS	JAFFAL, ALI 3015 CHIANTI COL	ipT		NAM	E Et address	,		•	,	
CITY-ST-ZIP	SARASOTA, FL 34				-ST-ZIP	•			1 .	
TITLE	С,Р .,		Delete	TITL				-4	☐ Change	☐ Addition
NAME	JAFFAL, ALI			NAM		•			*	
STREET ADDRESS CITY-ST-ZIP	3015 CHIANTI COU SARASOTA, FL 34	•		ET ADDRESS -ST-ZIP	Ÿ.					
TITLE	T,S	:	Delete	TITL			- W.		Change	Addition
NAME STREET ADDRESS	JAFFAL, ALI 3015 CHIANTI COL	iRT		NAM	E ET ADDRESS					
CITY-ST-ZIP	SARASOTA, FL 34				-ST-ZIP		سدند يجون المسي			احمد ج
TITLE '			☐ Delete	TITL					Change .	Addition
NAME STREET ADDRESS				NAM	E ET ADDRESS	7	-		» •	: -
CITY-ST-ZIP					-ST-ZIP	,, ,	·			·
TITLE	s	•	☐ Delete	TITL	j			17.5	☐ Change	Addition
NAME STREET ADDRESS				NAM	e et address					
CITY-ST-ZIP	,				-ST-ZIP					.
TITLE			Delete	TITU	:				☐ Change	Addition
NAME			•	NAM	l l		•			
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP					.
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.										
changed, or on an attachment with an address, with an other like empowered.										

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/07

Daytime Phone #