


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000132346</b> 1. Entity Name OCTOPUS WINGS, INC.	
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Principal Place of Business 10045 BELVEDERE ROAD SUITES 2 & 3 ROYAL PALM BEACH, FL 33411 US	Mailing Address 10045 BELVEDERE ROAD SUITES 2 & 3 ROYAL PALM BEACH, FL 33411 US
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04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0854387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SCALABRINO, VITO 1180 CANYON WAY WELLINGTON, FL 33414
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	PST SCALABRINO, VITO 10045 BELVEDERE RD WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCALABRINO, PAT 10045 BELVEDERE RD WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCALABRINO, FRANK 10045 BELVEDERE RD WELLINGTON, FL 33414
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000321088  
04/21/05-80060-008 150.00

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_