


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000132346	
1. Entity Name OCTOPUS WINGS, INC.	
	
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



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0854387	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCALABRINO, VITO 1180 CANYON WAY WELLINGTON, FL 33414
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**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000602961
01/26/07-80113-006 150.00

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
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 exemptions contained in Chapter 119, 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

1/22/2007

Date

Daytime Phone # _____