


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000132346 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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DO NOT WRITE IN THIS SPACE

FILED
Aug 18, 2008 08:00 AM
Secretary of State



08112008 No Chg-P CR2E034 (11/05)

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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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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	U000000357814 08/18/08-80004-003 150.00 <small>DATE</small>
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	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.
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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	D MARRERO, ANNA 10045 BELVEDERE ROAD ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ <small>Daytime Phone # _____</small>
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