

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132346

Entity Name: OCTOPUS WINGS, INC.

FILED  
Feb 02, 2009  
Secretary of State

## Current Principal Place of Business:

10045 BELVEDERE ROAD  
SUITES 2 & 3  
ROYAL PALM BEACH, FL 33411 US

## New Principal Place of Business:

## Current Mailing Address:

10045 BELVEDERE ROAD  
SUITES 2 & 3  
ROYAL PALM BEACH, FL 33411 US

## New Mailing Address:

FEI Number: 55-0854387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCALABRINO, VITO  
1180 CANYON WAY  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: SCALABRINO, VITO  
Address: 10045 BELVEDERE RD  
City-St-Zip: WELLINGTON, FL 33414 US

Title: ST ( ) Delete  
Name: SCALABRINO, PAT  
Address: 10045 BELVEDERE RD  
City-St-Zip: WELLINGTON, FL 33414 US

Title: D ( ) Delete  
Name: SCALABRINO, FRANK  
Address: 10045 BELVEDERE RD  
City-St-Zip: WELLINGTON, FL 33414 US

Title: D ( ) Delete  
Name: MARRERO, ANNA  
Address: 10045 BELVEDERE ROAD  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT SCALABRINO

ST

02/02/2009

Electronic Signature of Signing Officer or Director

Date