2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90051 009 ***150.00

DOCUMENT # P04000162304

1. Entity Name
WINGS MOVING, INC.

Principal Place of Business	Mailing Address
796 SW WOODCREEK DRIVE PALM CITY, FL 34990	796 SW WOODCREEK DRIVE PALM CITY, FL 34990

03242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
500 N. DIXIE HWY	500 N. DIXIE HWY
Suite, Apt. #, etc. #6	Suite, Apt. #, etc. #6
City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL
Zip 33020 Country USA	Zip 33020 Country USA

4. FEI Number 20-1963439 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILPERT, WERNER 796 SW WOODCREEK DRIVE PALM CITY, FL 34990	Name GUY ZAROOM COHEN Street Address (P.O. Box Number is Not Acceptable) 500 N. DIXIE HWY City HOLLYWOOD FL Zip Code 33020

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] DATE 03/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ZAROOM-COHEN, GUY		NAME		
STREET ADDRESS	796 SW WOODCREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-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.

SIGNATURE: [signature] 03/25/05 718-3505964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #