


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90222 031 \*\*\*158.75

<b>DOCUMENT # P05000021781</b> 1. Entity Name <b>EASTLAND WINGS, INC.</b>					
Principal Place of Business <b>3411 SW 24TH TERR.</b> <b>MIAMI, FL 33145 US</b>			Mailing Address <b>3411 SW 24TH TERR.</b> <b>MIAMI, FL 33145 US</b>		
2. Principal Place of Business - No P.O. Box # <b>11249 NW 59 TERRACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>11249 NW 59 TERR</b> Suite, Apt. #, etc.			
City & State <b>DORAL, FL</b>		City & State <b>DORAL, FL</b>		4. FEI Number <b>41-2167226</b>	
Zip <b>33178</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AYALA, LAUREN</b> <b>11249 NW 59TH TERR</b> <b>MIAMI, FL 33178</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u>Lauren D. Ayala President</u> DATE <u>04-25-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCO, EMILIANO <input checked="" type="checkbox"/> Delete 3411 SW 24TH TERR MIAMI, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AYALA, LAUREN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11249 NW 59TH TERRACE DORAL, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AYALA, LAUREN <input checked="" type="checkbox"/> Delete 3411 SW 24TH TERR. MIAMI, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCO, EMILIANO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21113 NE 3RD AVENUE MIAMI FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Lauren D. Ayala President</u> <u>04-25-07</u> <u>305-598-9892</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					