2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000021781

1. Entity Name
EASTLAND WINGS, INC.

Principal Place of Business
11249 NW 59 TERRACE
DORAL, FL 33178 US

Mailing Address
11249 NW 59 TERRACE
DORAL, FL 33178 US

03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2167226 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

AYALA, LAUREN
11249 NW 59TH TERR
MIAMI, FL 33178

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 Lauren D. Ayala — March 4th 2008
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AYALA, LAUREN
STREET ADDRESS	11249 NW 59TH TERRACE
CITY-ST-ZIP	DORAL, FL 33178
TITLE	S
NAME	FRANCO, EMILIANO
STREET ADDRESS	21113 NE 3RD AVENUE
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	TREA
NAME	BARTOCCI, GEORGE C
STREET ADDRESS	11249 NW 59TH TERRACE
CITY-ST-ZIP	DORAL, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000849872
03/21/08-80038:011 158.75

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: Lauren D. Ayala, President — March 4th 2008 — 305-599-9892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #