

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000164952

Entity Name: WINGS DELIVERY, INC.

FILED
May 11, 2006
Secretary of State

Current Principal Place of Business:

500 N DIXIE HWY, STE 5
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

500 N DIXIE HWY, STE 5
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 20-3989684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILPERT, WERNER R
796 SW WOODCREEK DRIVE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

DERHY FINANCIAL SERVICES LLC
99 NW 183RD ST
112
MIAMI, FL 33169 US

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: DERHY DVIR

05/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: COHEN, GUY ZAROOM
Address: 2520 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP () Delete
Name: TSARFATY, SHAI SHALOM
Address: 9049 PURPLE LEAF AVE
City-St-Zip: LAS VEGAS, NV 89123

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: TOBOUL, SEGEV
Address: 500 N DIXIE HWY # 5
City-St-Zip: HOLLYWOOD, FL 33020

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TOBOUL SEGEV

P

05/11/2006

Electronic Signature of Signing Officer or Director

Date