


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90099 027 ***150.00

DOCUMENT # P06000105890					
1. Entity Name WICKED WINGS, INC.					
Principal Place of Business 15360 S.W. 41ST TERRACE MIAMI, FL 33185			Mailing Address 15360 S.W. 41ST TERRACE MIAMI, FL 33185		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04242007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent				4. FEI Number	
LIZASO, MARIA E 15360 S.W. 41ST TERRACE MIAMI, FL 33185				86-1173267	
				Applied For	
				Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LIZASO, MARIA E 15360 S.W. 41ST TERRACE MIAMI, FL 33185				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNET, ARMANDO			NAME	
STREET ADDRESS	P.O. BOX 226485			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33122			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNET, VANESSA			NAME	
STREET ADDRESS	P.O. BOX 226485			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33122			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIZASO, MARIA E			NAME	
STREET ADDRESS	15360 S.W. 41ST TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Maria E Lizaso</i>		MARIA E LIZASO		4-28-07 305-586-9418	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
V-PRESIDENT					

ATTACHMENT

40101148

#P06000105890

Division of Corporations

Annual Report

Annual Report Help

Document Number
P06000105890
Business Entity Name
WICKED WINGS, INC.

FBI Number
FBI Number Status
Certificate of Status Desired
Election Campaign Financing Trust Fund Contribution

Principal Place of Business

Address
Suite, Apt #, etc
City, State
Zip Code & Country

Mailing Address

Address
Suite, Apt #, etc
City, State
Zip Code & Country

Name and Address of Registered Agent

Name (Last, First, Middle, Title)
Business to serve as RA
Address (PO Box is not acceptable)
Suite, Apt #, etc
City, State
Zip Code & Country

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s 831.06, Florida Statutes

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment

Title
Name (Last, First, Middle, Title)
Entity Name to serve as Officer/Director
Street Address
City, State
Zip Code & Country