2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000101910

SHULER, LINDA

14725 NW 9 AVE

MIAMI, FL 33168 US

Name:

Address:

City-St-Zip:

FILED Sep 02, 2008 Secretary of State

Entity Nan	ne: FREE[DOM WINGS, INC					
Current Principal Place of Business:				New Principal Place of Business:			
7900 NW 2 SUITE 604 MIAMI, FL		UE					
Current Mailing Address:				New Mailing Address:			
14725 NW 9 AVE MIAMI, FL 33168 US				7900 NW 27TH AVE MIAMI, FL 33147 US			
FEI Number:	26-0885992	FEI Number Applied For ()	FEI Num	ber Not Appl	icable ()	Certificate of Status Desire	d ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
TELFORT, GERTA 14051 SW 52 STREET MIRAMAR, FL 33027 US				SHULER, LINDA M 14725 NW 9TH AVE MIAMI, FL 33168 US			
The above in the State		ty submits this statement for t	he purpose of	changing it	ts registered o	ffice or registered agent,	or both,
SIGNATURE: LINDA M. SHULER						09/02/2008	
	Elect	ronic Signature of Registered	Agent			Date	
		.193(2)(b), F.S., the corporation d cing Trust Fund Contribution ().	id not receive th	e prior notic	e.		
OFFICERS	AND DIR	ECTORS:		ADDITION	S/CHANGES	TO OFFICERS AND DI	RECTORS:
Title: Name: Address: City-St-Zip:	P BEAUBRUN 17806 SW 3 MIRAMAR, F			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP MICHEL, MA 14725 NW 9 MIAMI, FL 3	AVE		Title: Name: Address: City-St-Zip:	VP (X) SHULER, LIND/ 14725 NW 9 AV MIAMI, FL 3310	/E	
Title: Name: Address: City-St-Zip:	VP SHULER, LI 14725 NW 9 MIAMI, FL 3	AVE		Title: Name: Address: City-St-Zip:	T (X) SHULER, LIND/ 14725 NW 9 AV MIAMI, FL 3310	/E	
Title:	TREA	(X) Delete		Title:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LINDA M. SHULER VΡ 09/02/2008