

2013 FOR PROFIT CORPORATION ANNUAL REPORT

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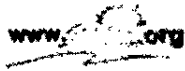
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



10312013 Chg-P CR2E034 (12/11)

DOCUMENT # P11000043981					
1. Entity Name EAGLE'S WINGS CARRIER CORP.					
Principal Place of Business 4337 ANNA LANE PALM SPRINGS, FL 33406 US			Mailing Address PO BOX 16714 WEST PALM BEACH, FL 33416 US		
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	4. FEI Number 45-2130263	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ-MEJIA, ADRIANA C 4337 ANNA LANE PALM SPRINGS, FL 33406			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 27, 2013		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEJIA, ELY R 4337 ANNA LANE PALM SPRINGS, FL 33406	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900253479579 11/04/13--01004--003 **\$550.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GONZALEZ-MEJIA, ADRIANA C 4337 ANNA LANE PALM SPRINGS, FL 33406	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition	
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E-mail Address: ewcarrier@outlook.com (To be used for future annual report notification)			10/28/2013		
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE: <u>Adriana Mejia</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DATE: 10/28/2013					
E-MAIL ADDRESS					

Corporations
Information

Payments Tools Activity

rvarnadore

Annual Report Filing History

Search By Document ID

p02000111422

Search

Session

Transaction ID	Description	Filing Stage
p02000111422-71beceb5-6a7b-4697-ac95-b2c0558362db	Session file for p02000111422 with last modified date of 10/8/2013 2:48:24 PM Eastern Standard Time	<u>Final Review</u>

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
P02000111422-4ed251e4-32b9-45ca-8a4f-830f691f4754	P02000111422	0	2	5/1/2010 12:00:00 AM
P02000111422-791ab579-7366-4935-b10e-f10e9071b47a	P02000111422	0	2	4/29/2011 12:00:00 AM
P02000111422-8f5ebf8a-fbee-48b4-bc0a-23ee35084cf3	P02000111422	0	2	5/1/2012 12:00:00 AM

