

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24885

Entity Name: L & L WINGS, INC.

FILED
Jul 22, 2005
Secretary of State

Current Principal Place of Business:

8 EAST 41ST STREET
6TH FLOOR
NEW YORK, NY 10017 US

New Principal Place of Business:

Current Mailing Address:

8 EAST 41ST STREET
6TH FLOOR
NEW YORK, NY 10017 US

New Mailing Address:

FEI Number: 57-0662635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, SHAUL
400 POINSETTA
CLEARWATER BEACH, FL 34630 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: LEVY, SHAUL
Address: 400 POINSETTA
City-St-Zip: CLEARWATER BEACH, FL

Title: MR () Delete
Name: LEVY, MEIR
Address: 8 EAST 41ST STREET
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Section 119.07(3)(i), 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: SHAUL LEVY

PRES

07/22/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date