

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91206 050 ***150.00

DOCUMENT # P97000064780 1. Entity Name JET WINGS TRAVEL & TOURS, INC.			
Principal Place of Business 2264 NW 87 AVE SUITE FZ01 MIAMI, FL 33172 US		Mailing Address 2264 NW 87TH AVE SUITE FZ01 MIAMI, FL 33172 US	
2. Principal Place of Business 1746 NW. 82nd ave		3. Mailing Address 1746 NW 82nd ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami FL		City & State Miami FL	
Zip 33126		Zip 33126	
Country USA		Country USA	
4. FEI Number 65-0770311		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JHANGIMAL, SONIA D 2264 NW 87TH AVE MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-registering) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 PD	NAME JHANGIMAL, GOBINDRAN	<input type="checkbox"/> Delete	TITLE JHANGIMAL, GOBINDRAN
STREET ADDRESS 2264 NW 87TH AVE	CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 1746 NW. 82nd ave
CITY-ST-ZIP MIAMI, FL 33172	CITY-ST-ZIP MIAMI, FLORIDA 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP
TITLE SVD	NAME JHANGIMAL, SONIA D	<input checked="" type="checkbox"/> Delete	TITLE
STREET ADDRESS 2264 NW 87TH AVE	CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33172	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP
TITLE TD	NAME JHANGIMAL, RAVI	<input checked="" type="checkbox"/> Delete	TITLE
STREET ADDRESS 2264 NW 87TH AVE	CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33172	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify 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 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>Govindran Jhangimal</i>		Date: 04/27/04 Daytime Phone #: 305-591-1285	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	