## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000091906

1. Entity Name

WINGED HEART ADVENTURES CO.



## FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90537 044 \*\*\*150.00

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Principal Place of Business 102 NE 16 COURT DELRAY BEACH FL 33483 US		Mailing Address 1367 LYONS RD COCONUT CREEK FL 33063 US				. 18811881 218 (8111 1881) 2821/ B41/	) <b>88</b> 511 <b>68</b> 11 <b>0</b> 1 <b>81</b> 1	<b>1</b> ( {1 <b>6</b> )8 ( <b>6</b> )1) (	
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2. Principal Place of Business		3. Mailing Address				1 10811001 110 10111 5011 0011 0011	1 80111 00110 1011	.,	#II# #III  ##I
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FE	4. FEI Number 65-0791700		Applied For Not Applicable	
Zip	Country Zip Co		Coun	untry 5.		ertificate of Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent		*, * *	7. Na	ame and Address of New Ro	egistered Ag	jent	
	A			Name	•	•			
ZEVIN, MARTIN 1367 LYONS ROAD		Street Address		(P.O. Bo	x Number is Not Acceptable)	ı			
COCONU	CREEK FL 33063.								
				City			FL	Zip Cod	e
	named entity submits this statement for ions of registered agent.	or the purpose of changing it	ts registere	ed office or registe	ered age	nt, or both, in the State of Flor	rida. I am far	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NO	TE: Registere	d Agent signature require	d when rain	setating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of		State			9. Election Campaign Fina	ancina	\$5.0	O May Be	
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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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

954 977-4878

Daytime Phone #