

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90057 025 ***150.00

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1. Entity Name
NORTHWINGS ACCESSORIES CORP.



Principal Place of Business

7875 N.W. 64 STREET
MIAMI, FL 33166 US

Mailing Address

3000 TAFT ST
HOLLYWOOD, FL 33021 US

40000010



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0312802

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDELSON, VICTOR H ESQ.
3000 TAFT STREET
HOLLYWOOD, FL 33021

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IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PGM
NAME MORELL, LUIS J
STREET ADDRESS 7875 N.W. 64 STREET
CITY-ST-ZIP MIAMI, FL 33166

TITLE AS
NAME JETTER, JUDITH W
STREET ADDRESS 3000 TAFT ST
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE TD
NAME IRWIN, THOMAS S.
STREET ADDRESS 3000 TAFT ST
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE S.
NAME LETENDRE, ELIZABETH R
STREET ADDRESS 3000 TAFT STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas S Irwin 3/30/05 9547447560