


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J66078**  
 1. Entity Name  
**ANJEL CORPORATION**



Principal Place of Business      Mailing Address  
**220 S COLLIER BLVD**      **220 S COLLIER BLVD**  
**701**      **701**  
**MARCO ISLAND, FL 34145 DS**      **MARCO ISLAND, FL 34145 US**

**DO NOT WRITE IN THIS SPACE**



04072006 No Chg-P CR2E034 (11/05)

4. FCI Number      Applied For  
**59-2786457**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**LIMA, JOSE E**  
**220 S COLLIER BLVD.**  
**UNIT #701**  
**MARCO ISLAND, FL 34145**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LIMA, JOSE E.
STREET ADDRESS	220 S COLLIER BLVD #701
CITY- ST- ZIP	MARCO ISLAND, FL
TITLE	DS
NAME	LIMA, ANDREA K.
STREET ADDRESS	220 S. COLLIER BLVD #701
CITY- ST- ZIP	MARCO ISLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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U00000503165  
 04/26/06-80021-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JOSE E. LIMA / Filine      Date: 3/31/06      239  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      DAYTIME PHONE #