

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90017 044 ****70.00

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01172005 Chg-NP CR2E037 (10/03)

DOCUMENT # N01000002082 1. Entity Name ARCH ANGELS OF SOUTH FLORIDA, INC.					
Principal Place of Business 6300 SW 120TH ST. MIAMI, FL 33156				Mailing Address 6300 SW 120TH ST. MIAMI, FL 33156	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-1092651				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LOURDES PINTO, MARIA 6300 SW 120TH STREET MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD <input type="checkbox"/> Delete		TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUTIERREZ, ELENA		NAME	GUTIERREZ, ELENA	
STREET ADDRESS	6300 SW 120TH STREET		STREET ADDRESS	6300 SW 120TH STREET	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMUTNY, NADINE		NAME		
STREET ADDRESS	6300 SW 120TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARELLANO, ELDA		NAME		
STREET ADDRESS	6300 SW 120TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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 617, 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>Maribel Lourencia Pinto</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/26/05 3056657095 <small>Date Daytime Phone #</small>		