


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90044 030 ****70.00

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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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03242006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1092651

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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** Delete
 NAME **GUTIERREZ, ELENA**
 STREET ADDRESS **6300 SW 120TH STREET**
 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **PD** Change Addition
 NAME **DE LOURDES PINTO, MARIA**
 STREET ADDRESS **6300 SW 120 STREET**
 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **SD** Delete
 NAME **SMUTNY, NADINE**
 STREET ADDRESS **6300 SW 120TH STREET**
 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **ARELLANO, ELDA**
 STREET ADDRESS **6300 SW 120TH STREET**
 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: *María de L. Pinto* **3/27/06** **305 665-7095**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #