2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N01000002082

Entity Name: ARCH ANGELS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

6300 SW 120TH ST.
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

6300 SW 120TH ST.
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-1092651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DE LOURDES PINTO, MARIA
6300 SW 120TH STREET
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: PINTO, PETER
Address: 6300 SW 120TH STREET
City-St-Zip: MIAMI, FL 33156

Title: SD ( ) Delete
Name: SMUTNY, NADINE
Address: 6300 SW 120TH STREET
City-St-Zip: MIAMI, FL 33156

Title: TD ( ) Delete
Name: ARELLANO, ELDA
Address: 6300 SW 120TH STREET
City-St-Zip: MIAMI, FL 33156

Title: PD ( ) Delete
Name: DE LOURDES PINTO, MARIA
Address: 6300 SW 120TH ST
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: HICKEIN, MARK
Address: 3930 SW 2ND STREET
City-St-Zip: MIAMI, FL 33134

Title: TD (X) Change ( ) Addition
Name: ARELLANO, ELDA M
Address: 12485 SW 120 AVENUE
City-St-Zip: MIAMI, FL 33186

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELDA ARELLANO TD 04/01/2009

Electronic Signature of Signing Officer or Director — Date