

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007187

**FILED**  
**Jul 07, 2006**  
**Secretary of State**

**Entity Name:** LITTLE ANGEL INTERNATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

1620 S.W. 96 AVE.  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

1620 S.W. 96 AVE.  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 02-0727373      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FILGUEIRAS, RAQUEL  
1620 S.W. 96 AVE.  
MIAMI, FL 33165    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: PD ( ) Delete  
Name: FILGUEIRAS, RAQUEL  
Address: 1620 S.W. 96 AVE.  
City-St-Zip: MIAMI, FL 33165

Title: SD ( ) Delete  
Name: FILGUEIRAS, JOSE  
Address: 1620 S.W. 96 AVE.  
City-St-Zip: MIAMI, FL 33165

Title: TD ( ) Delete  
Name: FILGUEIRAS, IVANIA  
Address: 2210 SW 89TH CT  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RAQUEL FILGUEIRAS

PD

07/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date