

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121311

FILED
Apr 28, 2008
Secretary of State

Entity Name: ANGARITA SOLUTIONS CORP

Current Principal Place of Business:

219 LA PAZ DR
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

219 LA PAZ DR
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 20-3412184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGARITA, ADOLFO L
219 LA PAZ DR
KISSIMMEE, FL 34743 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANGARITA, ADOLFO L
Address: 219 LA PAZ DR
City-St-Zip: KISSIMMEE, FL 34743

Title: V () Delete
Name: ANGARITA, MARIA V
Address: 219 LA PAZ DR
City-St-Zip: KISSIMMEE, FL 34743

Title: S () Delete
Name: LADINO, ANED
Address: 53 PINE ISLAND CR
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: ANGARITA, CESAR
Address: 219 LA PAZ DR
City-St-Zip: KISSIMMEE, FL 34743

Title: T () Delete
Name: ANGARITA, MARLENE
Address: 53 PINE ISLAND CIR
City-St-Zip: KISSIMMEE, FL 34743

Title: O () Delete
Name: ANGARITA, AMPARO
Address: 219 LA PAZ DR
City-St-Zip: KISSIMMEE, FL 34743

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:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANED LADINO

S

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date