FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91805 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

800111000

DOCUMENT # P99000033123

1. Entity Name
ANGELINI PARTNERS, INC.

Principal Place of Business	Mailing Address
210 MALLARD ST ALTAMONTE SPRINGS, FL 32701	855 ~~ARDEN~~ ST. LONGWOOD, FL 32750

2. Principal Place of Business	3. Mailing Address
1275 Bennett Dr.	210 mallard St.
Suite, Apt. #, etc. Suite 138	Suite, Apt. #, etc.
City & State Longwood Fl.	City & State Altamonte Springs,
Zip 32750 Country	Zip 32701 Country Fl.

X CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3593932
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAADE, ELINA 210 MALLARD CT ALTAMONTE SPRINGS, FL 32701	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BAATE, ELINA 210 MALLARD ST ALTAMONTE SPRINGS, FL 32701	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANGELINI, MARIO 805 RAVENS CIR 205 ALTAMONTE SPRINGS, FL 32714	☐ Delete	VP Angelini, Mario 942 Bakewell Court # 102	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Lake Mary Fl. 32746	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Elina Baade Elina Baade 04/30/2003 407 339-5611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #