


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90020 003 ***150.00

DOCUMENT # V62304
 1. Entity Name
ANGELO & SONS INC.



Principal Place of Business Mailing Address
 3247-3251 PORT ST LUCIE BLVD 3247-3251 PORT ST LUCIE BLVD
 PORT ST LUCIE FL 34953 PORT ST LUCIE FL 34953



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FEI Number Applied For
65-0363640 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CORONA, ANGELO
3247-3251 PORT ST LUCIE BLVD
PORT ST LUCIE FL 34953

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 _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 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

TITLE	P	<input type="checkbox"/> Delete
NAME	CORONA, ANGELO	
STREET ADDRESS	PO BOX 9245 N/A	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CORONA, ADALGISA	
STREET ADDRESS	PO BOX 9245 N/A	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORONA, ALEXANDER	
STREET ADDRESS	P.O. BOX 9245 N/A	
CITY-ST-ZIP	PORT ST LUCIE FL 34985	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CORONA, ALEXIS	
STREET ADDRESS	2371 SW NAOMI AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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 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: *Alexander Corona* 1/26/06 (772) 336-3365
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #