

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007187

FILED
Oct 07, 2005
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 (X)

Name and Address of Current Registered Agent:

FIGUEIRAS, RAQUEL
1620 S.W. 96 AVE.
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

FILGUEIRAS, RAQUEL
1620 S.W. 96 AVE.
MIAMI, FL 33165 US

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: RAQUEL FILGUEIRAS

10/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: TD () Delete
Name: FIGUEIRAS, IVANIA
Address: 14328 S.W. 17TH ST.
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

10/07/2005

Electronic Signature of Signing Officer or Director

Date