


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90445 025 ***150.00

DOCUMENT # P04000113070	
1. Entity Name ANGELO INDUSTRIES, CORP.	

Principal Place of Business 675 NE 205 TERRACE APT. #104 MIAMI FL 33179	Mailing Address P.O. BOX 552404 OPA LOCKA FL 33055
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2. Principal Place of Business 675 NE 205 Terrace	3. Mailing Address P.O. BOX 552404
Suite, Apt. #, etc. Apt # 104	Suite, Apt. #, etc.
City & State Miami Fla.	City & State OPA-LOCKA Fla.
Zip 33179	Country DADE
Zip 33055	Country DADE

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent NEWTON, ANGELO 675 NE 205 TERRACE APT. # 104 MIAMI FL 33179		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number 51-0441994	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 Angelo Newton DATE 4/20/06
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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO NEWTON, ANGELO 675 NE 205 TERRACE, APT. #104 MIAMI FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Angelo Newton Angelo Newton DATE 4/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #