

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000204

**FILED**  
**Apr 28, 2018**  
**Secretary of State**  
**CC8493401756**

**Entity Name:** GROWING ANGELS INC.

**Current Principal Place of Business:**

13530 SW 267 ST.  
HOMESTEAD, FL 33032

**Current Mailing Address:**

13530 SW 267 ST.  
HOMESTEAD, FL 33032

**FEI Number:** 41-2193480

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALI, TINA  
13530 SW 267 ST.  
HOMESTEAD, FL 33032 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name ALI, TINA  
Address 13530 SW 267 ST.  
City-State-Zip: HOMESTEAD FL 33032

Title VP  
Name ALI , MALIKA  
Address 13530 SW 267 ST.  
City-State-Zip: HOMESTEAD FL 33032

Title O  
Name LEONARD-HOLMES, LYNDA  
Address 905 N.W. 126TH STREET  
City-State-Zip: NORTH MIAMI FL 33167

Title O  
Name SMITH, TRINA  
Address 145 NE 12TH AVE  
City-State-Zip: HOMESTEAD FL 33030

Title O  
Name RIDGEWAY, SUPREMA R  
Address 11530 SW 140 TERRACE  
City-State-Zip: MIAMI FL 33176

Title SECRETARY  
Name COMER, MARTEVIA  
Address 15485 SW 288 STREET  
C208  
City-State-Zip: HOMESTEAD FL 33033

Title OFFICER  
Name BRADY, JO ANN  
Address 10759 SW 226 STREET  
City-State-Zip: MIAMI FL 33170

Title OFFICER  
Name HUGUE, SHARMEEN  
Address 334 SUNSHINE DRIVE  
City-State-Zip: COCONUT CREEK FL 33066

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** TINA ALI

**PRESIDENT**

**04/28/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title PUBLICATION/ADVERTISING  
Name RIDGEWAY, SHANTEDRA  
Address 11530 SW 140 TERRACE  
City-State-Zip: MIAMI FL 33176