

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007035

**Entity Name:** FOREST OF ANGELS, INC.**Current Principal Place of Business:**8550 NW 47TH ST  
CORAL SPRINGS, FL 33067**Current Mailing Address:**8550 NW 47TH ST  
CORAL SPRINGS, FL 33067**FEI Number:** 46-0628831**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAKIM ENTERPRISES INC  
4830 W PARK RD  
HOLLYWOOD, FL 33021 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            | ROZSA, KRISZTINA       |
| Address         | 8550 NW 47TH ST        |
| City-State-Zip: | CORAL SPRINGS FL 33067 |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | ROZSA, SANDOR          |
| Address         | 8550 NW 47TH ST        |
| City-State-Zip: | CORAL SPRINGS FL 33067 |

|                 |                        |
|-----------------|------------------------|
| Title           | TR                     |
| Name            | LAURENZANO, DREW       |
| Address         | 8520 NW 46TH DR        |
| City-State-Zip: | CORAL SPRINGS FL 33067 |

|                 |                    |
|-----------------|--------------------|
| Title           | T                  |
| Name            | HAKIM, CARLA       |
| Address         | 4830 W PARK ROAD   |
| City-State-Zip: | HOLLYWOOD FL 33021 |

|                 |   |
|-----------------|---|
| Title           | S   |
| Name            | CABRAL, ASYA                                  |
| Address         | 2318 S CYPRESS BEND DR<br># 224 POMPAÑO BEACH |
| City-State-Zip: | DAVIE FL 33069                                |

*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:** KRISZTINA ROZSA

P

03/22/2017

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