oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as		
above, or on an attachment with all other like empowered.		
SIGNATURE: LUIS PRADA	DIRECTOR	04/10/2022

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

SIGNATURE:	LUIS PRADA	

Officer/Director Detail :					
Title	Ρ	Title	AD		
Name	PRADA, LUIS	Name	PRADA, LUIS		
Address	1942 NW 25TH AVENUE	Address	1942 NW 25TH AVENUE		
City-State-Zip:	MIAMI FL 33125	City-State-Zip:	MIAMI FL 33125		
Title	SECRETARY	Title	PROJECT MANAGER		
Name	CHAPA, YOLANDA	Name	SALINAS, EMILSE		
Address	1274 W MAIN STREET	Address	1942 NW 25TH AVENUE		
City-State-Zip:	FRANKLIN TN 37064	City-State-Zip:	MIAMI FL 33125		

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.

### 

PRADA, LUIS

Electronic Signature of Registered Agent

## **Current Mailing Address:**

1942 NW 25TH AVENUE

## FEI Number: 82-5089987

## Name and Address of Current Registered Agent:

1942 NW 25TH AVENUE MIAMI, FL 33125 US

MIAMI. FL 33125 US

## Entity Name: ANGELS CHILDREN FOUNDATION, INC

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

DOCUMENT# N18000003529

1942 NW 25TH AVENUE MIAMI. FL 33125

# Secretary of State 6583840686CC

FILED Apr 10, 2022

> 04/10/2022 Date

Certificate of Status Desired: No

Date

Electronic Signature of Signing Officer/Director Detail