
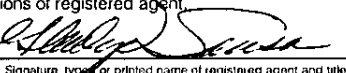
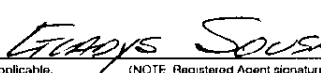
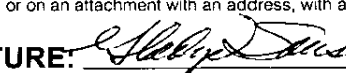
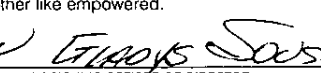


FILED
Apr 26, 2007 8:00 am
Secretary of State

DOCUMENT # 647049			
1. Entity Name ANGELO'S OF PALM BEACH, INC.			
Principal Place of Business 328 S COUNTY ROAD PALM BEACH, FL 33480-4457		Mailing Address 328 S COUNTY ROAD PALM BEACH, FL 33480-4457	
2. Principal Place of Business - No P.O. Box # 340 ROYAL POINCIANA WAY		3. Mailing Address 340 ROYAL POINCIANA WAY	
Suite, Apt. #, etc. 2C		Suite, Apt. #, etc. 2C	
City & State PALM BEACH, FL		City & State PALM BEACH, FL	
Zip 33480	Country USA	Zip 33480	Country USA
6. Name and Address of Current Registered Agent			
SOUSA, ANGELO 328 S COUNTY RD PALM BEACH, FL 33480			Name SOUSA, ANGELO
			Street Address 340 ROYAL POINCIANA WAY
			STE 2C
			City PALM BEACH, FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUSA, ANGELO 328 S COUNTY RD PALM BCH, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SOUSA, GLADYS 328 S COUNTY RD PALM BCH, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
11.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUSA, ANGELO 340 ROYAL POINCIANA WAY PALM BEACH, FL 33480	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SOUSA, GLADYS 340 ROYAL POINCIANA WAY PALM BEACH, FL 33480	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 60, Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			