2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 26, 2007 8:00 am Secretary of State **DOCUMENT #647049** 04-26-2007 90223 024 ***150.00 1. Entity Name ANGÉLO'S OF PALM BEACH, INC. Mailing Address Principal Place of Business 4000 328 S COUNTY ROAD 328 S COUNTY ROAD PALM BEACH, FL 33480-4457 PALM BEACH, FL 33480-4457 3. Mailing Address 340 ROYAL POINCIANA WAY 2. Principal Place of Business - No P.O. Box # 340 ROYAL POINCIANA WAY Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For City & State PALM BEACH, FL PÁLM BEACH, FL 59-1961775 Not Applicable Country USA Zip 33480 Zip 33480 Country USA \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOUSA, ANGELO SOUSA, ANGELO Street Address (P.O. Box Number is Not Acceptable) 340 ROYAL POINCIANA WAY 328 S COUNTY RD PALM BEACH, FL 33480 STE 2C Zip Code 33480 City PALM BEACH 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 age 005A Signature, type or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D SOUSA, ANGELO 340 ROYAL POINCIANA WAY STE 2C FL 33480 ☐ Addition TITLE ☐ Delete TITLE NAME SOUSA, ANGELO NAME STREET ADDRESS 328 \$ COUNTY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BCH, FL DST TITLE ☐ Delete TITLE DST X Change ■ Addition SOUSA, GLADYS 340 ROYAL POINCIANA WAY SOUSA, GLADYS NAME NAME STREET ADDRESS 328 S COUNTY RD STREET ADDRESS ²C BEACH, FL 33480 CITY-ST-ZIP PALM BCH, FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

FILED