

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726699

FILED
Apr 17, 2009
Secretary of State

Entity Name: OUR LADY OF THE ANGELS PARISH INC.

Current Principal Place of Business:

555 E 25TH ST., STE. 206-207
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

ATTN: NINFA MOLLEDA
1005 E. 5TH AVE.
HIALEAH, FL 33010 US

New Mailing Address:

FEI Number: 23-7292099 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOLLEDA, NINFA M
1005 E 5TH AVENUE
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOPEZ, GISELA
Address: 942 W 68 ST
City-St-Zip: HIALEAH, FL 33014

Title: V () Delete
Name: ABILLERIA, MANUEL
Address: 70 E 7 ST #513
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: GUILLEN, DAVID
Address: 942 W 68 ST.
City-St-Zip: HIALEAH, FL 33014

Title: T () Delete
Name: MOLLEDA, MARIA J
Address: 1005 E. 5TH AVE
City-St-Zip: HIALEAH, FL 33010

Title: S () Delete
Name: MOLLEDA, NINFA M
Address: 1005 E. 5TH AVE.
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: ABERRATEOUI, BELKIS
Address: 460 E 23 ST #414
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: NORBERTO, MACHADO
Address: 1900 SUNSET ARBOR DRIVE 1503
City-St-Zip: MIAMI BEACH, FL 33139

Title: V (X) Change () Addition
Name: GUILLEN, DAVID
Address: 942 W 68 ST.
City-St-Zip: HIALEAH, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CREGO, MERCEDES
Address: 6261 E 1 STREET
City-St-Zip: HIALEAH, FL 33013

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NINFA M NOLLEDA

S

04/17/2009

Electronic Signature of Signing Officer or Director

Date