

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000006378

1. Entity Name  
THE ALLIANCE OF GUARDIAN ANGELS, INC.



Principal Place of Business Mailing Address  
982 EAST 89 ST. 982 EAST 89 ST.  
BROOKLYN, NY 11236 BROOKLYN, NY 11236



05132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-2592739 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CRUZ, WILLIAM  
6211 FUNSTON STREET  
HOLLYWOOD, FL 33023

**DO NOT WRITE  
IN THIS SPACE**

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 agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SLIWA, CURTIS  
STREET ADDRESS 982 EAST 89 STREET  
CITY-ST-ZIP BROOKLYN, NY

TITLE ST  
NAME SLIWA, FRANCES  
STREET ADDRESS 982 EAST 89 STREET  
CITY-ST-ZIP BROOKLYN, NY

TITLE V  
NAME ST. JAMES, ALETA  
STREET ADDRESS 881 - 10TH AVENUE  
CITY-ST-ZIP NEW YORK, NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000367705  
05/20/05-80001-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.

SIGNATURE:

*Curtis Sliva*

5/13/2005 2126133872