## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F04000001469

Entity Name: ANG ASSOCIATES, INC.

FILED Oct 10, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1341 N. DELAWARE AVENUE,S TE. 500 PHILADELPHIA, PA 19125				1341 N. DELAWARE AVENUE SUITE 500 PHILADELPHIA, PA 19125			
Current Mailing Address:				New Mailing Address:			
1341 N. DELAWARE AVENUE,S TE. 500 PHILADELPHIA, PA 19125				MERCANTIL PLAZA MEZZANINE SUITE SAN JUAN, PR 00918			
FEI Number:	23-2143105	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US  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: CAROL RECORD							
Electronic Signature of Registered Agent Date							
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ( ).	receive t	he prior notice	э.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ANG, CHARLE	WARE AVENUE,S TE. 500		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RIEFKOHL, FR MERCANTILE SAN JUAN, PR	PLAZA MEZZANINIE SUITE 00918		Title: Name: Address: City-St-Zip:	RIEFKOHL, I MERCANTIL SAN JUAN, F	PLAZA MEZZANINE SUITE PR 00918	
Title: Name: Address: City-St-Zip:	HINSEY, NORM	WARE AVENUE,S TE. 500		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SANTACROCE	VARE AVE STE 500		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	SUAREZ, JE	PLAZA MEZZANINE SUITE	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERIK L RIEFKOHL ST 10/10/2007