


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-26-2007 90187 018 \*\*\*150.00

**DOCUMENT # F05000000010**

1. Entity Name  
**ANGELO 1969, INC.**



Principal Place of Business  
**825 BRICKELL BAY DR.  
 SUITE 1045  
 MIAMI FL 33131**

Mailing Address  
**825 BRICKELL BAY DR.  
 SUITE 1045  
 MIAMI FL 33131**



2. Principal Place of Business - No P.O. Box #  
**169 EAST FLAGLER ST**

3. Mailing Address  
**169 EAST FLAGLER ST**

Suite, Apt. #, etc.  
**920**

1st MOORE CR2E034 (10/06)

City & State  
**MIAMI - FLORIDA**

City & State  
**MIAMI - FLORIDA**

Zip  
**33131**

Country  
**USA**

4. FEI Number **98-0441919**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPT RAGUSA, ANGELO VIA STRADA CASALE, 382 VICENZA (VI) 36100 ITALIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SINICO, SAMUELE VIA PIGAFETTA, 1-CAMISANO VICENTIO (VI) 36043 ITALIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANZA, FRANCO VIA M.L. KING, 15/A ROSA' (VI) 36027 ITALIA	<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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: \_\_\_\_\_ DATE: **4-17-07** DAYTIME PHONE #: **305-3750016**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR