

ANNUAL REPORT (AR)

DOCUMENT # F97000004773

1. Entity Name

ANGELIS-HERO FOUNDATION, INC.



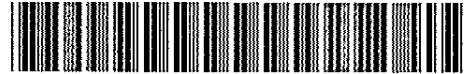
FILED
Feb 02, 2005 08:00 AM
Secretary of State

Principal Place of Business

% MILTON SIEGEL, CPA
7873 AFTON VILLA CT
BOCA RATON FL 33433

Mailing Address

% MILTON SIEGEL, CPA
7873 AFTON VILLA CT
BOCA RATON FL 33433



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

11-2539613

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEGAL, MILTON CPA
7873 AFTON VILLA CT
BOCA RATON FL 33433

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME DANIELS, THEODORE
STREET ADDRESS 11152 BOCA WOODS LANE
CITY-STATE-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME 000000211811
STREET ADDRESS 02/02/05-80134-014 61.25
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME SIEGAL, MILTON
STREET ADDRESS 7873 AFTON VILLA COURT
CITY-STATE-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME DANIELS, FRAN
STREET ADDRESS 11152 BOCA WOODS LANE
CITY-STATE-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME SIEGAL, HELEN
STREET ADDRESS 7873 AFTON VILLA CT
CITY-STATE-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05

561-487-4746