## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K62805

Entity Name: ANGELA COURT, INC.

CORAL GABLES, FL 33134

City-St-Zip:

FILED Jan 06, 2005 Secretary of State

| Current Principal Place of Business:  |   |   | New Principal Place                    | New Principal Place of Business:             |  |
|---|---|---|--|--|--|
|   | LA AVENUE<br>ABLES, FL 331                      | 34 US   | 1025 SEVILLA AVENU<br>CORAL GABLES, FL |  |  |
| Current M   | lailing Address                                 | <b>s:</b>   | New Mailing Address                    | New Mailing Address:                         |  |
|   | LA AVENUE<br>ABLES, FL 331                      | 34 US   | 1025 SEVILLA AVENU<br>CORAL GABLES, FL |  |  |
| FEI Number:   | : 65-0103271                                    | FEI Number Applied For ( )                                | FEI Number Not Applicable ( )          | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   |   |  |  |  |
| CORAL G   | H GREENWAY<br>ABLES, FL 331<br>named entity si  | 34 US   | purpose of changing its registere      | d office or registered agent, or both,       |  |
|   | e of Florida.                                   |   |  |  |  |
| SIGNATU   |   | o Signature of Degistered A                               | aont                                   | <br>Date                                     |  |
| Election Car  |   | c Signature of Registered A  Trust Fund Contribution ( ). | gent                                   | Date   |  |
| OFFICERS AND DIRECTORS:   |   |   | ADDITIONS/CHANG                        | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | BUSOT, FLOREI<br>1025 SEVILLA A<br>CORAL GABLES | VENUE<br>5, FL 33134                                      | Title: Name: Address: City-St-Zip:     | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:   | VPD () I<br>BUSOT, ALDO C<br>819 NORTH GRE      |   | Title:<br>Name:<br>Address:            | () Change () Addition                        |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FLORENCIO OTTO BUSOT PD 01/06/2005