2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # K82735 01-14-2005 90007 021 ***158.75 1. Entity Name ANGORA, INC. Principal Place of Business Mailing Address C/O SAFET BAKRAC C/O SAFET BAKRAC 50002558 4946 - 4TH ST. NORTH 4946 - 4TH ST. NORTH ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703 2. Principal Place of Business 475 SW BLVD. 3. Mailing Address P. O. Box 55007 Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 Chg-P CR2E034 (10/03) 500€ 5 City & State PETERSBURG City & State AINT PETELSBURG 4. FEI Number Applied For SAINT 59-2947458 Not Applicable \$8.75 Additional Fee Required Country PINELLAS 5. Certificate of Status Desired 33732-5007 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKRAC SAFET BAKRAC, SAFET Street Address (P.O. Box Number is Not Acceptable) 4946_4TH.ST..NORTH. ST. PETERSBURG, FL 33703 475 BLVA. SWPETERS BURG 335963-1348 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 ragistered agent 01-12:05 on oc DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Detete Change Addition TITI F TITLE SAFET BAKRAC BAKRAC, SAFET NAME NAME SW BL VD. STREET ADDRESS 4946 4 ST. N. STREET ADDRESS FL. 33703-13148 PETERSBURG CITY-ST-ZIP ST PETE, FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change îu: STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 1171 F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP

FILED

Jan 14, 2005 8:00 am

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description

Description