2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2009
Secretary of State

DOCUMENT# L06000063556

Entity Name: ANGELS GIFTS, L.C.

Current Principal Place of Business:

13876 SW 56 STREET
SUITE 351
MIAMI, FL 33175

New Principal Place of Business:

6701 SW 135 AVENUE
MIAMI, FL 33183

Current Mailing Address:

13876 SW 56 STREET
SUITE 351
MIAMI, FL 33175

New Mailing Address:

6701 SW 135 AVENUE
MIAMI, FL 33183

FEI Number: 20-5138583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GONZALEZ, DAGOBERTO
6701 SW 135 AVENUE
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

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: ______________________________
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: VPD ( ) Delete
Name: GONZALEZ, DAGOBERTO
Address: 6701 SW 135 AVENUE
City-St-Zip: MIAMI, FL 33183

Title: PD ( ) Delete
Name: GONZALEZ, MARIA PILAR
Address: 6701 SW 135 AVENUE
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAGOBERTO GONZALEZ VPD 07/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date