

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008474

FILED
Apr 26, 2005
Secretary of State

Entity Name: THE LITTLE ANGELS FOUNDATION, INC.

Current Principal Place of Business:

1283 EGRET ROAD
HOMESTEAD, FL 33035

New Principal Place of Business:

Current Mailing Address:

381 N. KROME AVE STE 205
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 65-1083747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

S. SCOTT CHOOS, ESQUIRE
15600 S.W. 288 STREET
SUITE 312
HOMESTEAD, FL 33033 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALDMAN, JUDY
Address: 1283 EGRET ROAD
City-St-Zip: HOMESTEAD, FL 33035

Title: D () Delete
Name: WALDMAN, MERV DR.
Address: 1283 EGRET ROAD
City-St-Zip: HOMESTEAD, FL 33035

Title: S () Delete
Name: JOSEPH, JERRY
Address: 17376 SW 267 LANE
City-St-Zip: HOMESTEAD, FL 33031

Title: T () Delete
Name: GUGLIUZZA, CHARLES R
Address: 381 N. KROME AVE #205
City-St-Zip: HOMESTEAD, FL 33030

Title: V () Delete
Name: S. SCOTT CHOOS,
Address: 15631 S.W. 109 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: THIBAULT, WILLIAM
Address: 29765 S.W. 164 PLACE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R GUGLIUZZA

T

04/26/2005

Electronic Signature of Signing Officer or Director

Date