


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90044 030 ****70.00

| | | | | | |
|--|------------------------------------|---|--|---|--|
| DOCUMENT # N01000002082 1. Entity Name ARCH ANGELS OF SOUTH FLORIDA, INC. | | | |  | |
| Principal Place of Business 6300 SW 120TH ST. MIAMI, FL 33156 | | | Mailing Address 6300 SW 120TH ST. MIAMI, FL 33156 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent DE LOURDES PINTO, MARIA 6300 SW 120TH STREET MIAMI, FL 33156 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;"><small>DATE</small></div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | VD <input type="checkbox"/> Delete | | TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | GUTIERREZ, ELENA | | NAME | DE LOURDES PINTO, MARIA | |
| STREET ADDRESS | 6300 SW 120TH STREET | | STREET ADDRESS | 6300 SW 120 STREET | |
| CITY-ST-ZIP | MIAMI, FL 33156 | | CITY-ST-ZIP | MIAMI, FL 33156 | |
| TITLE | SD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SMUTNY, NADINE | | NAME | | |
| STREET ADDRESS | 6300 SW 120TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33156 | | CITY-ST-ZIP | | |
| TITLE | TD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ARELLANO, ELDA | | NAME | | |
| STREET ADDRESS | 6300 SW 120TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33156 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Maria de L. Pinto</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <div style="display: flex; justify-content: space-between;"> <i>3/27/06</i> <i>305 665-7095</i> </div> <small>Date Daytime Phone #</small> | | |