

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

**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**



01172007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1092651**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DE LOURDES PINTO, MARIA  
6300 SW 120TH STREET  
MIAMI, FL 33156**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	GUTIERREZ, ELENA
STREET ADDRESS	6300 SW 120TH STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	SD
NAME	SMUTNY, NADINE
STREET ADDRESS	6300 SW 120TH STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	TD
NAME	ARELLANO, ELDA
STREET ADDRESS	6300 SW 120TH STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	PD
NAME	DE LOURDES PINTO, MARIA
STREET ADDRESS	6300 SW 120TH ST
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*Marilda Lourdes Pinto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/20/07*  
Date

*305 665-7095*  
Daytime Phone #