

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2006 8:00 am
Secretary of State

07-19-2006 90002 012 ****61.25

DOCUMENT # N02000002514	
1. Entity Name ANGEL'S COMMUNITY DEVELOPMENT CORPORATION	

Principal Place of Business 175 NW 128TH STREET NORTH MIAMI, FL 33168	Mailing Address 175 NW 128TH STREET NORTH MIAMI, FL 33168
---	---



06012006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0658701	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent LEVEILLE, LEVICAIRE REV 175 NW 128TH STREET NORTH MIAMI, FL 33168

DO NOT WRITE IN THIS SPACE

7. 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 _____	DATE _____
-----------------	------------

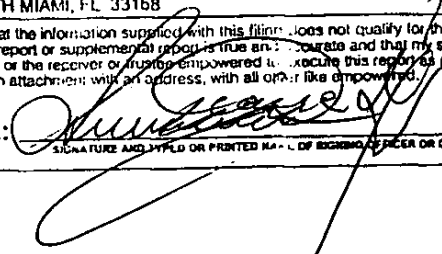
Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LEVEILLE, LEVICAIRE REV 175 NW 128TH STREET NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVEILLE, LEOPOLD 175 NW 128 STREET N. MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AUGUSTE, MICHEL 120 NE 151ST STREET NORTH MIAMI BEACH, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVEILLE, SUZETTE 175 NW 128TH STREET NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGUSTIN, LOUBENS 175 NW 128TH STREET NORTH MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVEILLE, POLYEUCTE 175 NW 128TH STREET NORTH MIAMI, FL 33168

DO NOT WRITE IN THIS SPACE

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-01-06
Date Daytime Phone #