2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Sep 11, 2006 8:00 am
Secretary of State
07-19-2006 90002 012 ****61.25

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1. Entity Name
ANGEL'S COMMUNITY DEVELOPMENT CORPORATION

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

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06012006 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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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: _____ 08-01-06
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #