
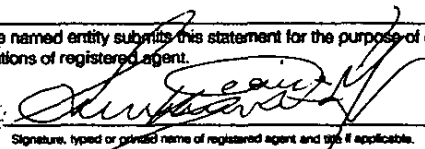
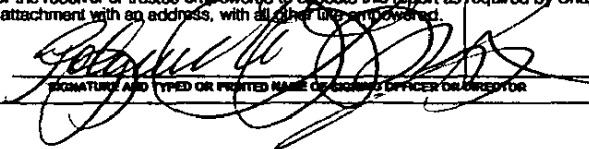


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90090 050 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03312007 Chg-NP CR2E037 (12/06)	
4. FEI Number 01-0658701				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVEILLE, LEVICAIRE REV 175 NW 128TH STREET NORTH MIAMI, FL 33168			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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> (NOTE: Registered Agent signature required when reinstating) </div> <div style="width: 20%; text-align: right;"> DATE: 04-07-07 </div> </div>					
Filing Fee is \$81.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PS LEVEILLE, LEVICAIRE REV 175 NW 128TH STREET NORTH MIAMI, FL 33168	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVEILLE, LEOPOLD 175 NW 128 STREET N. MIAMI, FL 33168	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AUGUSTE, MICHEL 120 NE 151ST STREET NORTH MIAMI BEACH, FL 33157	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVEILLE, SUZETTE 175 NW 128TH STREET NORTH MIAMI, FL 33168	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGUSTIN, LOUBENS 175 NW 128TH STREET NORTH MIAMI, FL 33168	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P LEVEILLE, POLYEUCTE 175 NW 128TH STREET NORTH MIAMI, FL 33168	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENNY LAJEUNE 120 NE 151 Street N. Miami, FL 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D LEVEILLE, POLYEUCTE 175 NW 128 street North Miami, FL 33168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 04-07-07 <small>Daytime Phone #</small>	