2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 29, 2003 8:00 am **Secretary of State** DOCUMENT # N0200005050 01-29-2003 90299 005 ****70.00 THE COMMUNITY OF ALL ANGELS, INC. Principal Place of Business Mailing Address 2721 S OAKLAND FOREST DR #101 2721-S OAKLAND FOREST DR #101 FT-LAUDERDALE FL 33309 FT-LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 27 Canterbury 27 Canterbury Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Tamarac 55-07 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILKE, STEPHEN B Street Address (P.O. Box Number is Not Acceptable) 2721 S OAKLAND FOREST DR #101 FT-LAUDERDALE FL 33309 Canterbury 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. of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Defete Addition WILKE, STEPHEN B NAME as Canterbury Lane 2721 S OAKLAND FOREST DR #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 'FT LAUDERDALE FL 33309 " CITY-ST-ZIP ☐ Addition □ Delete RODRIGUEZ, STEPHENIE A NAME NAME 27 CANTERBURY LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33319 CITY-ST-ZIP TITLE ☐ Delete Change Addition RODRIGUEZ, JUAN P NAME NAME === 27 CANTERBURY LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33319 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition Cizewski, darlene k NAME NAME STREET ADDRESS 1810 SW 81 AVE #2110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N LAUDERDALE FL 33068 TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

FILED