


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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90108 045 ****61.25

DOCUMENT # N02000006141

1. Entity Name
ANA ALICIA FERNANDEZ'S GUARDIAN ANGELS, INC.



Principal Place of Business Mailing Address
2440 CORAL WAY **2440 CORAL WAY**
MIAMI FL 33145 **MIAMI FL 33145**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PINO, RAUL F
2440 CORAL WAY
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DE J FERNANDEZ, ROGELIO	
STREET ADDRESS	6000 GRANADA BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ALICIA M. A	
STREET ADDRESS	6000 GRANADA BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	S	<input type="checkbox"/> Delete
NAME	PINO, RAUL F	
STREET ADDRESS	2440 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	PISTORINO, MARIA	
STREET ADDRESS	6535 SW 123RD ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, LUIS M	
STREET ADDRESS	6000 GRANADA BLVD.	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOYO, FELICIANO M	
STREET ADDRESS	5915 GRANADA BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33146	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez ALICIA A	
STREET ADDRESS	6000 GRANADA BLVD	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernandez Antonio	
STREET ADDRESS	2721 SW 29 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 01/08/03 (305) 854-1904

CP2E037 (10/02)