

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008356

FILED
May 01, 2005
Secretary of State

Entity Name: ANGEL'S ANIMAL RESCUE CORP.

Current Principal Place of Business:

5803 S.W. QUAIL HOLLOW ST.
PALM CITY, FL 34990

New Principal Place of Business:

1156 NE SUMNER AVE
JENSEN BEACH, FL 34957

Current Mailing Address:

5803 S.W. QUAIL HOLLOW ST.
PALM CITY, FL 34990

New Mailing Address:

1156 NE SUMNER AVE
JENSEN BEACH, FL 34957

FEI Number: 13-4219035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GABRIEL, LOLIN
5803 SW QUAIL HOLLOW STREET
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

GABRIEL, LOLIN
1156 NE SUMNER AVE
JENSEN BEACH, FL 34957 US

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.

SIGNATURE: LOLIN GABRIEL

05/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: GABRIEL, LOLIN
Address: 5803 S.W. QUAIL HOLLOW ST.
City-St-Zip: PALM CITY, FL 34990

Title: VTD () Delete
Name: GABRIEL, EVAN
Address: 5803 S.W. QUAIL HOLLOW ST.
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Delete
Name: GAUDIOSI, JOHN
Address: 3801 N. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: GABRIEL, LOLIN
Address: 5803 S.W. QUAIL HOLLOW ST.
City-St-Zip: PALM CITY, FL 34990

Title: VP,D (X) Change () Addition
Name: GAUDIOSI, JOHN
Address: 3801 N. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOLIN GABRIEL

PSVP

05/01/2005

Electronic Signature of Signing Officer or Director

Date