

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001134

FILED
Sep 08, 2004
Secretary of State**Entity Name:** ANGEL TOUCH FOUNDATION, INC.**Current Principal Place of Business:**8814 SW 113 PLACE CIRCLE EAST
MIAMI, FL 331761105**New Principal Place of Business:**13253 SW 111 TERR., #3
MIAMI, FL 33186**Current Mailing Address:**8814 SW 113 PLACE CIRCLE EAST
MIAMI, FL 331761105**New Mailing Address:**12973 SW 112 ST
#385
MIAMI, FL 33186**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NOLLA, JULIO A
6724 SW 134 PALCE
MIAMI, FL 33183 US**Name and Address of New Registered Agent:**NOLLA, JULIO A
6724 SW 134 PLACE
MIAMI, FL 33183 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:

09/08/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DS () Delete
Name: PEREZ, YOLANDA N
Address: 9184 SW 128 LANE
City-St-Zip: MIAMI, FL 33176Title: DT () Delete
Name: AMADO-PICANS, YOLANDA
Address: 8814 SW 113 PL CIR EAST
City-St-Zip: MIAMI, FL 33176Title: D () Delete
Name: AMADO, MARIA E
Address: 14642 SW 172 LANE
City-St-Zip: MIAMI, FL 33177Title: D () Delete
Name: AMADO, MARIA I
Address: 13000 SW 92 AVE #302B
City-St-Zip: MIAMI, FL 33176Title: D () Delete
Name: LAUSELL, YVONNE
Address: 700 BILTMORE WAY PH 1210
City-St-Zip: CORAL GABLES, FL 33134**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DT (X) Change () Addition
Name: AMADO-PICANS, YOLANDA
Address: 13253 SW 111 TERR. #3
City-St-Zip: MIAMI, FL 33186Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip: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: YOLANDA AMADO-PICANS

DT

09/08/2004

Electronic Signature of Signing Officer or Director

Date