


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000001134	
1. Entity Name ANGEL TOUCH FOUNDATION, INC.	

Principal Place of Business 13253 SW 111 TERR., #3 MIAMI, FL 33186	Mailing Address 12973 SW 112 ST #385 MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



04172005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	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

**NOLLA, JULIO A
6724 SW 134 PLACE
MIAMI, FL 33183**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PEREZ, YOLANDA N 9184 SW 128 LANE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AMADO-PICANS, YOLANDA 13253 SW 111 TERR. #3 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMADO, MARIA E 14642 SW 172 LANE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMADO, MARIA I 13000 SW 92 AVE #302B MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUSELL, YVONNE 700 BILTMORE WAY PH 1210 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000320805
04/21/05-80052-021 61.25

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: *Y.A. Picans* **4/18/5** **305-408-3240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR