

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002075

FILED
Jun 30, 2005
Secretary of State

Entity Name: ANGELS COMPLETE DOULA CARE, INC.

Current Principal Place of Business:

2750 NW 172 TER
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

2750 NW 172 TER
MIAMI, FL 33056

New Mailing Address:

FEI Number: 05-0556435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

LIGHTFOOT, ANGEL
2750 NW 172 TER
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LIGHTFOOT, ANGEL
Address: 2750 NW 172 TER
City-St-Zip: MIAMI, FL 33056

Title: DS () Delete
Name: LIGHTFOOT, PATRICIA
Address: 3015 NW 212 ST
City-St-Zip: MIAMI, FL 33056

Title: DVP () Delete
Name: TAVERNIER, JOSE
Address: 20030 NW 65 CT
City-St-Zip: MIAMI, FL 33015

Title: DT () Delete
Name: TAVERNIER, FRANCK
Address: 20035 NW 65 CT
City-St-Zip: HIALEAH, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () 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: ANGEL LIGHTFOOT

DP

06/30/2005

Electronic Signature of Signing Officer or Director

Date