

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90023 038 \*\*\*\*70.00

DOCUMENT # N03000002611

1. Entity Name  
ANGEL AIDS CENTER, INC.



Principal Place of Business  
5605 NW 27TH CT.  
LAUDERHILL, FL 33313

Mailing Address  
5605 NW 27TH CT.  
LAUDERHILL, FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004

Chg-NP

CR2E037 (10/03)

4. FEI Number

02-0691156

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FABIO, HERBERT  
9010 SW 137TH AVE., SUITE 245  
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name HANSRAM RAMRUP JR.  
Street Address (P.O. Box Number is Not Acceptable)  
5605 NW 27 COURT  
LAUDERHILL 33313  
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

HANSRAM RAMRUP JR.  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/19/04  
DATE

Filing Fee is \$61.25  
Due by May 1, 2004

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 PD ☐ Delete  
NAME HARRYSINGH, SHAMA  
STREET ADDRESS 8255 VIA DI VENETO  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE SD ☐ Delete  
NAME RAMRUP, HANSRAM  
STREET ADDRESS 2834 NW 55TH AVE., #1B  
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE TD ☒ Delete  
NAME RAMBERSINGH, HARRY  
STREET ADDRESS 8255 VIA DI VENETO  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE VICE-President ☐ Delete  
NAME HANSRAM RAMRUP  
STREET ADDRESS 5605 NW 27 COURT, LAUDERHILL  
CITY-ST-ZIP FL 33313

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME SOMMATE RAMRUP  
STREET ADDRESS 5640 NW 28 ST. FL 33313  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 (954) 733-1840  
Date Daytime Phone #