


**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
4. FEI Number 02-0691156		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FABIO, HERBERT 9010 SW 137TH AVE., SUITE 245 MIAMI, FL 33186		Name <u>HANSRAM RAMRUP JR.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5605 NW 27 COURT</u> <u>LAUDERHILL</u> <u>33313</u> City <u>FL</u> 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 <u>HANSRAM RAMRUP - Ramrup</u>		DATE <u>4/19/04</u>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	HARRYSINGH, SHAMA	NAME	
STREET ADDRESS	8255 VIA DI VENETO	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	RAMRUP, HANSRAM	NAME	
STREET ADDRESS	2834 NW 55TH AVE., #1B	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33313	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	RAMBERSINGH, HARRY	NAME	
STREET ADDRESS	8255 VIA DI VENETO	STREET ADDRESS	<u>SOMMATE RAMRUP</u>
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP	<u>5640 NW 28 ST. FL 33313</u>
TITLE	<u>VICE-President</u>	TITLE	
NAME	<u>HANSRAM RAMRUP</u>	NAME	
STREET ADDRESS	<u>5605 NW 27 COURT, LAUDERHILL</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>FL 33313</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>Ramrup</u>		DATE <u>4/19/04</u> (954) 733-1840	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	