2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90254 009 ****70.00

DOCUMENT # N04000005229

1. Entity Name
ANGEL'S FACES INC.

Principal Place of Business	Mailing Address
101 POLO PARK BLVD SUITE 2 DAVENPORT, FL 33897	101 POLO PARK BLVD SUITE 2 DAVENPORT, FL 33897

04182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2143 MORNING STAR DR Suite, Apt. #, etc.
City & State	City & State: CLERMONT FLORIDA
Zip / Country	Zip: 34714 Country: USA

4. FEI Number: EIN 20-1182188 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUIERREZ, CRISTINA I 437 LAKE DAVENPORT BLVD DAVENPORT, FL 33897	Name: GUTIERREZ CRISTINA I Street Address (P.O. Box Number is Not Acceptable): 2143 MORNING STAR DR City: CLERMONT FL Zip Code: 34714

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: Cristina Gutierrez 04-19-05
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTIERREZ, CRISTINA I 437 LAKE DAVENPORT BLVD DAVENPORT, FL 33897	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTIERREZ CRISTINA I 2143 MORNING STAR DRIVE CLERMONT FL 34714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTIERREZ, OFELIA P 437 LAKE DAVENPORT BLVD DAVENPORT, FL 33897	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTIERREZ OFELIA P 2143 MORNING STAR DRIVE CLERMONT FL 34714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALPEN, DAVID 618 LAKE DAVENPORT BLVD DAVENPORT, FL 33897	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALPEN GUILLERMO D. 2001 ONECCO CT CLERMONT FL 34714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FLORES, ANALIA 618 LK DAVENPORT BLVD DAVENPORT, FL 33897	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALPEN ANALIA B 2001 ONECCO CT CLERMONT FL 34714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Cristina Gutierrez 04-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #