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
101 POLO PARK BLVD SUITE 2
DAVENPORT, FL 33897

Mailing Address
101 POLO PARK BLVD SUITE 2
DAVENPORT, FL 33897

04182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
2143 MORNING STAR DR
Suite, Apt. #, etc.
City & State: CLERMONT FLORIDA
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
GUIERREZ, CRISTINA I
437 LAKE DAVENPORT BLVD
DAVENPORT, FL 33897

7. Name and Address of New Registered Agent
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	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	GUTIERREZ, CRISTINA I	NAME	GUTIERREZ CRISTINA I
STREET ADDRESS	437 LAKE DAVENPORT BLVD	STREET ADDRESS	2143 MORNING STAR DRIVE
CITY-ST-ZIP	DAVENPORT, FL 33897	CITY-ST-ZIP	CLERMONT FL 34714
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	GUTIERREZ, OFELIA P	NAME	GUTIERREZ OFELIA P
STREET ADDRESS	437 LAKE DAVENPORT BLVD	STREET ADDRESS	2143 MORNING STAR DRIVE
CITY-ST-ZIP	DAVENPORT, FL 33897	CITY-ST-ZIP	CLERMONT FL 34714
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	WALPEN, DAVID	NAME	WALPEN GUILLERMO D.
STREET ADDRESS	618 LAKE DAVENPORT BLVD	STREET ADDRESS	2001 ONECCO CT
CITY-ST-ZIP	DAVENPORT, FL 33897	CITY-ST-ZIP	CLERMONT FL 34714
TITLE	T ☐ Delete	TITLE	T ☒ Change ☐ Addition
NAME	FLORES, ANALIA	NAME	WALPEN ANALIA B
STREET ADDRESS	618 LK DAVENPORT BLVD	STREET ADDRESS	2001 ONECCO CT
CITY-ST-ZIP	DAVENPORT, FL 33897	CITY-ST-ZIP	CLERMONT FL 34714
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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: Cristina Gutierrez 04-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #