2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N04000010902

Entity Name: ANGELS OF KENNETH UNIVERSAL AUTISTIC SERVICES ORGANIZATION, CORP.

Current Principal Place of Business:

4260 SW 107 AVE
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

4260 SW 107 AVE
MIAMI, FL 33165

New Mailing Address:

FEI Number: 20-1981633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOMINGUEZ, ZIOMARA
4260 SW 107 AVE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

DOMINGUEZ, XIOMARA
4260 SW 107 AVE
MIAMI, FL 33165 US

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: XIOMARA DOMINGUEZ 04/18/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ORTEGA, KENDRA
Address: 4260 SW 107 AVE
City-St-Zip: MIAMI, FL 33165

Title: T ( ) Delete
Name: DOMINGUEZ, ZIOMARA S
Address: 4260 SW 107 AVE
City-St-Zip: MIAMI, FL 33165

Title: S ( ) Delete
Name: TORRES, LISSETTE
Address: 4260 SW 107 AVE
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete
Name: GALINDO, LISSETTE
Address: 761 NW 126 CT
City-St-Zip: MIAMI, FL 33182

Title: D ( ) Delete
Name: FERRERO, ISABEL C
Address: 15902 SW 66 TERR
City-St-Zip: MIAMI, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: DOMINGUEZ, XIOMARA S
Address: 4260 SW 107 AVE
City-St-Zip: MIAMI, FL 33165

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

Title: D (X) Change ( ) Addition
Name: GALINDO, WANDA
Address: 761 NW 126 CT
City-St-Zip: MIAMI, FL 33182

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: XIOMARA S DOMINGUEZ T 04/18/2005
Electronic Signature of Signing Officer or Director Date