

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010902

FILED  
Apr 30, 2008  
Secretary of State

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: T (X) Delete  
Name: ROQUE, RAUL  
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, WANDA  
Address: 761 NW 126 CT  
City-St-Zip: MIAMI, FL 33182

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 DOMINGUEZ

P

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date