2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N04000012022

Entity Name: ANGELS REACH FOUNDATION, INC.

Current Principal Place of Business:

7488 N.W. 169 LANE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

7488 N.W. 169 LANE
MIAMI, FL 33015

New Mailing Address:

FEI Number: 56-2506101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUZARDO, DORINDA
7488 N.W. 169 LANE
MIAMI, FL 33015 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: LUZARDO, DORINDA
Address: 7488 N.W. 169 LANE
City-St-Zip: MIAMI, FL 33015

Title: DS ( ) Delete
Name: LUZARDO, REINER
Address: 7488 N.W. 169 LANE
City-St-Zip: MIAMI, FL 33015

Title: DT ( ) Delete
Name: BENING, STEPHEN L
Address: 6810 LEE STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: D ( ) Delete
Name: GORDON, DENNIS
Address: 12205 PARK DRIVE
City-St-Zip: COOPER CITY, FL 330261019

Title: D ( ) Delete
Name: RIBADEO, MANNY
Address: 18500 SW 100 ST
City-St-Zip: MIAMI, FL 33196

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition
Name: LUZARDO, REINER
Address: 7488 N.W. 169 LANE
City-St-Zip: MIAMI, FL 33015

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

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

Title: D (X) Change ( ) Addition
Name: RIBADEO, MANNY
Address: 561 WEST 39 STREET
City-St-Zip: HIALEAH, FL 33012 US

Title: D ( ) Change (X) Addition
Name: MARC, SHUSTER
Address: 1090 OYSTERWOOD ST
City-St-Zip: HOLLYWOOD, FL 33019 US

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: DORINDA LUZARDO DP 04/30/2009

Electronic Signature of Signing Officer or Director — Date