## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 28, 2007 8:00 am Secretary of State

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02-28-2007 90016 026 \*\*\*\*70.00 1. Entity Name HEAVENLY ANGELS TRANSPORTATIONS, INC. Principal Place of Business Mailing Address 40026151 704 NW 12TH AVE., APT.17 704 NW 12TH AVE 17 FORT LAUDERDALE, FL 33311 ATTN: LESSIE LINDSAY FT.LAUDERDALE, FL 33311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address MID N.W 19TEN 01292007 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number 13-4295055 Not Applicable Broward Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LINDSAY, LESSIE FAYE Street Address (P.O. Box Number is Not Acceptable) 704 NW 12TH AVE APT 17 FORT LAUDERDALE, FL 33311 £19. 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 6Eb104,2007 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2007 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change ☐ Addition TITLE NAME LINDSAY, LESSIE FAYE STREET ADDRESS 3391 NW 46TH AVE. STREET ADDRESS LAUDERDALE LAKES, FL 33319 CITY-ST-ZIP CITY-ST-ZIP Change TD ☐ Addition TITLE Delete NAME PHILLIP, COOKE NAME STREET ADDRESS STREET ADDRESS 2327 N 25TH AVE HOLLYWOOD, FL 33020 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Delete ☐ Change ■ Addition TITLE MARTIN, SHIRLEY NAME NAME 7953 SW 6TH ST STREET ADDRESS STREET ADDRESS POMPANO BEACH, FL 33068 CITY-ST-ZIP CITY-\$T-ZIP ☐ Change ☐ Addition TITLE ٧n ☐ Delete TITLE HOLLOMAN, SAMUEL NAME NAME STREET ADDRESS 1117 NW 2 \$T., #1 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33311 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

100, 04, 2007 154-245-665