

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90014 049 ****61.25

DOCUMENT # N05000002958 1. Entity Name ANGELEON INC.			
Principal Place of Business 8420 SW 133RD AVENUE ROAD NUMBER 208 MIAMI, FL 33183		Mailing Address 8420 SW 133RD AVENUE ROAD NUMBER 208 MIAMI, FL 33183	
2. Principal Place of Business 8400 S.W. 133rd AVE Road Suite, Apt. #, etc. Number 424 City & State MIAMI FL Zip 33183 Country USA		3. Mailing Address 8400 S.W. 133rd AVE Road Suite, Apt. #, etc. Number 424 City & State MIAMI FL Zip 33183 Country USA	
4. FEI Number 08302006 Chg-NP CR2E037 (4/06)		☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
7. Name and Address of New Registered Agent Name TINA ARISTA Street Address (P.O. Box Number is Not Acceptable) 8400 S.W. 133rd AVE Road Number 424 City MIAMI FL Zip Code 33183		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ARISTA, TINA 8420 SW 133RD AVENUE ROAD NUMBER 208 MIAMI, FL 33183 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ARISTA, TINA 8400 S.W. 133rd AVE ROAD Number 424 MIAMI FL 33183 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARISTA, M. CELINA 8420 SW 133RD AVENUE ROAD NUMBER 208 MIAMI, FL 33183 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARISTA, M. CELINA 8400 S.W. 133rd AVE Road Number 424 MIAMI FL 33183 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMADRO, R. ARGENTINA 8420 SW 133RD AVENUE ROAD NUMBER 208 MIAMI, FL 33183 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMADRO, R. ARGENTINA 8400 S.W. 133rd AVE Road Number 424 MIAMI FL 33183 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	