# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 21, 2006 8:00 am**
**Secretary of State**
08-21-2006 90002 047 ****70.00

DOCUMENT # N05000012666

1. Entity Name
CHILDREN'S FACES OF THE ANGELS, INC.

Principal Place of Business
3900 NW 76TH AVENUE SUITE 213
SUNRISE, FL 33351

Mailing Address
3900 NW 76TH AVENUE SUITE 213
SUNRISE, FL 33351

08152006 Chg-NP CR2E037 (4/06)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3900 N.W. 76 Ave. Suit 105 | 3900 NW. 76 Ave. Suite 105 |
| Suite, Apt. #, etc. Ap Suite 105 | Suite, Apt. #, etc. Suite 105 |
| City & State Sunrise Florida | City & State Sunrise Florida |
| Zip 33351 / Country Broward | Zip 33351 / Country Broward |

4. FEI Number 830443 961 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required ✓

**6. Name and Address of Current Registered Agent**
RODRIQUEZ, GLADYS STELLA
3900 NW 76TH AVENUE SUITE 213
SUNRISE, FL 33351

**7. Name and Address of New Registered Agent**
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) DATE

**Filing Fee is $61.25**
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | D P ☐ Delete |
| NAME | TRUJILLO, DAVID |
| STREET ADDRESS | 3261 JACKSON BLVD |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33312 |
| TITLE | D T ☐ Delete |
| NAME | OBESO, FELIX |
| STREET ADDRESS | 3900 NW 76TH AVENUE SUITE 213 |
| CITY-ST-ZIP | SUNRISE, FL 33351 |
| TITLE | D P ☐ Delete |
| NAME | RODRIQUEZ, GLADYS STELLA |
| STREET ADDRESS | 3900 NW 76TH AVENUE SUITE 213 |
| CITY-ST-ZIP | SUNRISE, FL 33351 |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| | |
|---|---|
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
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| TITLE | ☐ Change ☐ Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:** Gladys Rodriguez Gladys Rodriguez 8-7-06 754-244-0843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #