## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000012244

**FILED** Apr 25, 2008 Secretary of State

Entity Name: ALBERTO ANGULO SOTO FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

13065 SW 150TH TERRACE MIAMI, FL 33168

**Current Mailing Address: New Mailing Address:** 

13065 SW 150TH TERRACE MIAMI, FL 33168

FEI Number: 77-0666443 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ANGULO, FERNANDO G ANGULO, CARLOS F 13065 SW 150TH TERRACE 13065 SW 150TH TERRACE MIAMI, FL 33168 MIAMI, FL 33168

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: CARLOS F ANGULO 04/25/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

ORLANDO, FL 32809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete ANGULO, CARLOS F ANGULO, CARLOS F Name: Name: 13065 SW 150TH TERRACE Address: 13065 SW 150TH TERRACE Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip: MIAMI, FL 33168

Title: () Delete Title: (X) Change ( ) Addition ANGULO, FERNANDO G Name: ANGULO, FERNANDO G Name:

Address: 13065 SW 150TH TERRACE Address: 13075 SW 150TH TERRACE City-St-Zip: MIAMI, FL 33168 City-St-Zip: MIAMI, FL 33168

Title: () Delete Title: () Change () Addition

ODICIO, HUGO Name: Name: 6043 CASA DEL REY CIR APT B Address: Address:

City-St-Zip: City-St-Zip: ( ) Change (X) Addition Title: () Delete Title:

Name: Name: IMELIS, SERGIO 1924 W MAIN ST APT 11 Address: Address: City-St-Zip: City-St-Zip: DOTTAN, AL 36301

Title: () Delete Title: ( ) Change (X) Addition

COOPER, MARTY Name: Name: PO BOX 310582 Address: Address: ENTERPRISES, AL 36331 City-St-Zip: 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: CARLOS F ANGULO Ρ 04/25/2008