

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001481

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** ANGELS WITH A MISSION FOUNDATION INC.

**Current Principal Place of Business:**

777 BRICKELL AVE  
STE 1201  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1 SE 3RD AVE  
STE 2250  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 01-0887074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMKE REGISTERED AGENTS, L.L.C.  
2250 SUNTRUST INTERNATIONAL CENTER  
ONE SE THIRD AVE  
MIAMI, FL 33131 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: P ( ) Delete  
Name: FERNANDEZ, MARIANA S  
Address: 961 HARBOR DRIVE  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: T ( ) Delete  
Name: HEALY, MARIA  
Address: 430 GRAND BAY DR #1007  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: VP ( ) Delete  
Name: CASTILLO, MARIA  
Address: 430 GRAND BAY DR #503  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: S ( ) Delete  
Name: ABALLI, PATRICIA  
Address: 91 ISLAND DR  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: VP ( ) Delete  
Name: PRADO, MARISSA  
Address: 653 HAMPTON LANE  
City-St-Zip: KEY BISCAVNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MARIANA FERNANDEZ

PATR

03/23/2009

Electronic Signature of Signing Officer or Director

Date