

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001088

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** LITTLE ANGELS WHO CARE, INC.

**Current Principal Place of Business:**

1120 SE 6TH. TERRACE  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

**Current Mailing Address:**

1120 SE 6TH. TERRACE  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

**FEI Number:** 27-1825741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VCORP SERVICES, LLC  
5011 SOUTH STATE ROAD 7, SUITE 106  
DAVIE, FL 33314 US

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

SAVERIO, ANGELINI  
5400 N. FEDERAL HWY.  
103  
FT. LAUDERDALE, FL 33308 US

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:** SAVERIO ANGELINI

06/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** ANGELINI, COURTNEY  
**Address:** 1120 SE 6TH. TERRACE  
**City-St-Zip:** POMPANO BEACH, FL 33060 US

**Title:** DP  
**Name:** ANGELINI, CHLOE  
**Address:** 1120 SE 6TH. TERRACE  
**City-St-Zip:** POMPANO BEACH, FL 33060 US

**Title:** DST  
**Name:** ANGELINI, DARLENE  
**Address:** 1120 SE 6TH. TERRACE  
**City-St-Zip:** POMPANO BEACH, FL 33060 US

I hereby 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 all other like empowered.

**SIGNATURE:** DARLENE ANGELINI

DA

06/12/2012

Electronic Signature of Signing Officer or Director

Date