

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010695

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** AUTISTIC ANGEL RECOVERING FOUNDATION, INC.

**Current Principal Place of Business:**

4602 SW 164TH CT  
MIAMI, FL 33185

**New Principal Place of Business:**

**Current Mailing Address:**

4602 SW 164TH CT  
MIAMI, FL 33185

**New Mailing Address:**

**FEI Number:** 27-3742170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORA-ANGARITA, JACKELINE  
4602 SW 164TH CT  
MIAMI, FL 33185 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: D  
Name: MORA-ANGARITA, JACKELINE  
Address: 4602 SW 164TH CT  
City-St-Zip: MIAMI, FL 33185

Title: D  
Name: VAZQUEZ, ILEANA  
Address: 16084 SW 87 TERR  
City-St-Zip: MIAMI, FL 33193

Title: D  
Name: GONZALEZ, DAVID  
Address: 9717 SW 146 CT  
City-St-Zip: MIAMI, FL 33186

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: JACKELINE MORA ANGARITA

MGR

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date