2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000028773

DOCUMENT #

1. Entity Name NAME OF THE ANGEL, INC.



01-29-2003 90138 031 ***150.00

90012419

Jan 29, 2003 8:00 am Secretary of State

FILED

Principal Place of Business

608 N. SEMORAN BLVD.

Mailing Address 608 N. SEMORAN BLVD.

WINTER PARK FL 32792

WINTER PARK FL 32792

2. Principal Place of Business 3. Mailing Address 2007 Meadon Nas 2007 Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-3633210 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Carrent Registered Agent 7. Name and Address of New Registered Agent LYU, SEON HA Street Address (P.O. Box Number is Not Acceptable) 608 N. SEMORAN BLVD. meadow Pond Wal WINTER PARK FL 32792 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 f applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detete TITLE Change Addition LYU. HEO SEUNG NAME NAME 608 N. SEMORAN BLVD. #8 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP SVD TITLE ☐ Delete TITLE LYU, SEON HA NAME 608 N. SEMORAN BLVD. #8 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-7IP TITLE ⁻☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacl

SIGNATURE: