


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90053 042 ***150.00

DOCUMENT # P00000082229						
1. Entity Name ANGELINA HEALTH CARE INC.						
Principal Place of Business 3907 SW 67 AVE 204 MIAMI, FL 33155			Mailing Address 6835 SW 148TH COURT MIAMI, FL 33193			
2. Principal Place of Business 6254 SW 8ST		3. Mailing Address 6254 SW 8ST				
Suite, Apt. #, etc. S# 3		Suite, Apt. #, etc. S# 3				
City & State Miami Florida		City & State Miami Florida				
Zip 33144		Country Dade		Zip 33144		
Country Dade		Country Dade				
4. FEI Number 65-1039166			Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOPEZ, ALEJANDRO 6835 SW 148TH COURT MIAMI, FL 33193			7. Name and Address of New Registered Agent Name: Alejandro Lopez Street Address (R.O. Box Number is Not Acceptable): 6254 SW 8ST S# 3 City: Miami FL Zip Code: 33144			
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, ALEJANDRO 6835 SW 148TH COURT MIAMI, FL 33193		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6254 SW 8ST S# 3 Miami FL 33144	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUERRA, EDUARDO 6835 SW 148TH COURT MIAMI, FL 33193		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 attachment with an address with all other like empowered.						
SIGNATURE: <i>Alejandro Lopez</i> 3/25/04 305-265-9809						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						