

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90028 029 \*\*\*150.00

40032672



<b>DOCUMENT # P00000082229</b> 1. Entity Name ANGELINA HEALTH CARE INC.					
Principal Place of Business 6254 SW 8TH ST., S#3 MIAMI, FL 33144			Mailing Address 6254 SW 8TH ST., S#3 MIAMI, FL 33144		
2. Principal Place of Business <b>7838 S.W. 24 St</b>		3. Mailing Address <b>7838 S.W. 24 St</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI- FLORIDA</b>		City & State <b>MIAMI- FLORIDA</b>		4. FEI Number 65-1039166	
Zip <b>33155</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LOPEZ, ALEJANDRO</b> <b>6254 SW 8TH ST., S#3</b> <b>MIAMI, FL 33144</b>			7. Name and Address of New Registered Agent Name <b>LOPEZ, ALEJANDRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7838 S.W. 24 St.</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33155</b>		
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)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME LOPEZ, ALEJANDRO STREET ADDRESS 6254 SW 8TH ST., S#3 CITY-ST-ZIP MIAMI, FL 33144	<input type="checkbox"/> Delete		TITLE PD NAME LOPEZ, ALEJANDRO STREET ADDRESS 7838 S.W. 24 St. CITY-ST-ZIP MIAMI FL 33155	<input checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3-9-05</b> Daytime Phone # <b>(305) 265-9808</b>		