

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90004 038 \*\*\*150.00

<b>DOCUMENT # P00000108337</b> 1. Entity Name <b>ROBLES ANGEL INC.</b>			
Principal Place of Business <b>CALLE 146 NO. 37-18</b> <b>P 4</b> <b>BOGATA, COLUMBIA,</b>		Mailing Address <b>CALLE 146 NO. 37-18</b> <b>P 4</b> <b>BOGATA, COLUMBIA,</b>	
2. Principal Place of Business - No P.O. Box # <b>CALLE 150 No 45-18</b>		3. Mailing Address <b>CALLE 150 No 45-18</b>	
Suite, Apt. #, etc. <b>P.4</b>		Suite, Apt. #, etc. <b>P4</b>	
City & State <b>BOGOTA</b>		City & State <b>BOGOTA</b>	
Zip <b></b> Country <b>COLOMBIA</b>		Zip <b></b> Country <b>COLOMBIA</b>	
4. FEI Number <b>52-2281897</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DE LA CRUZ, LUIS F JR</b> <b>TWO ALHAMBRA PL., PENTHOUSE 2-C</b> <b>CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D</b> <b>ROBLES, GUILLERMO</b> <b>CALLE 146 NO. 37-18, P4</b> <b>BOGOTA, COLUMBIA,</b>	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>ROBLES, GUILLERMO</b> <b>CALLE 150 No. 45-18</b> <b>BOGOTA, COLOMBIA</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D</b> <b>ROBLES, ROBERTO</b> <b>CABRERA 71 NO. 181-05</b> <b>BOGOTA, COLUMBIA,</b>	TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		<b>Guillermo Robles</b> <b>04/16/2007</b> <b>5731024919</b>	