


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90358 008 ***150.00

DOCUMENT # P01000012979 1. Entity Name AANGELS TOUCH HOME CARE, INC.					
Principal Place of Business 7300 W McNAB RD #216 TAMARAC, FL 33321			Mailing Address 7300 W McNAB RD #216 TAMARAC, FL 33321		
2. Principal Place of Business 7300 W McNab Road Suite, Apt. #, etc. 214		3. Mailing Address 7300 W McNab Road Suite, Apt. #, etc. 214			
City & State TAMARAC, FL		City & State TAMARAC, FL		4. FEI Number 65-1076135	
Zip 33312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TWENEBOAH, KWAME 613 SW 76TH AVE N. LAUDERDALE, FL 33068			7. Name and Address of New Registered Agent Name MARCIA VENDRYES Street Address (P.O. Box Number is Not Acceptable) 8620 BANYAN COURT City TAMARAC FL Zip Code 33321		
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: MARCIA VENDRYES <i>Marcia Vendryes</i> 4/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	DP VENDRYES, MARCIA 6720 NW 44TH COURT LAUDERHILL, FL 33319		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VENDRYES, NADINE 6720 NW 44 CT LAUDERHILL, FL 33319		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
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>Marcia Vendryes</i> 4/15/04 (954) 722-4458 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					