

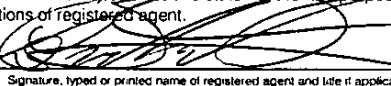
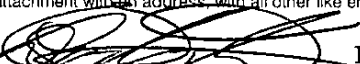


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90111 014 ***150.00

DOCUMENT # P01000030504 1. Entity Name EVERYTHING BY ANGELS, INC.					
Principal Place of Business 10627 SW 79TH TERRACE MIAMI, FL 33173			Mailing Address 10627 SW 79TH TERRACE MIAMI, FL 33173		
2. Principal Place of Business 11140 SW 196 Street Suite, Apt. #, etc. C109 City & State Miami, Florida Zip Country 33157 USA		3. Mailing Address 11140 SW 196 Street Suite, Apt. #, etc. C109 City & State Miami, Florida Zip Country 33157 USA			
4. FEI Number 65-1087868		Chg-P CR2E034 (10/03)		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 BUSTAMANTE, LIA C 10627 SOUTHWEST 79 TERR MIAMI, FL 33173			7. Name and Address of New Registered Agent Name Bustamante, Lia C. Street Address (P.O. Box Number is Not Acceptable) 11140 Southwest 196 Street C109 City State Zip Code Miami FL 33157		
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 		Lia C. Bustamante		04/29/2005 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P BUSTAMANTE, LIA C 11140 SW 196 ST # C109 MIAMI, FL 33157 <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	
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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: 		Lia C. Bustamante		04/29/05 (786) 218-2552 <small>Date Daytime Phone #</small>	