

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90194 038 ***155.00

DOCUMENT # P01000030504

1. Entity Name
EVERYTHING BY ANGELS, INC.



Principal Place of Business

**11140 SW 196 ST
C109
MIAMI, FL 33157**

Mailing Address

**11140 SW 196 ST
C109
MIAMI, FL 33157**

2. Principal Place of Business

11050 SW 196 ST

Suite, Apt. #, etc.

408

City & State

Miami, FL

Zip

33157

Country

USA

3. Mailing Address

11050 SW 196 ST

Suite, Apt. #, etc.

408

City & State

Miami, FL

Zip

33157

Country

USA

01052006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-1087868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUSTAMANTE, LIA C
11140 SW 196TH ST
MIAMI, FL 33157**

7. Name and Address of New Registered Agent

Name
Bustamante, Lia C.
Street Address (P.O. Box Number is Not Acceptable)
11050 Southwest 196 Street
#408
City
Miami FL Zip Code
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/05/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BUSTAMANTE, LIA C**
STREET ADDRESS **11140 SW 196 ST # C109**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **P** ☒ Change ☐ Addition
NAME **Bustamante, Lia C.**
STREET ADDRESS **11050 SW 196 ST #408**
CITY-ST-ZIP **Miami, FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Suarez, Ligia M.**
STREET ADDRESS **11040 SW 196 ST #303**
CITY-ST-ZIP **Miami, FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lia C. Bustamante 01/05/06 (786) 218-2552

Date

Daytime Phone #