

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90173 032 ***158.75

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 <input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 65-1087868				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSTAMANTE, LIA C 11160 SOUTH WEST 196 ST D-210 MIAMI, FL 33157				7. Name and Address of New Registered Agent Name LIA C. BUSTAMANTE Street Address (P.O. Box Number is Not Acceptable) 10627 SOUTHWEST 79 TERRACE City MIAMI FL Zip Code 33173	
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 05/16/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				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 A 11160 SOUTH WEST 196 ST, D-210 MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUSTAMANTE, LIA C. 10627 SOUTHWEST 79 TERRACE MIAMI, FLORIDA 33173	<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
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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 05/16/03 (305) 273-6669 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					

CR2E034 (10/02)