

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90020 007 ***158.75

DOCUMENT # P01000033231	
1. Entity Name ANGEL'S OXI PLUS, INC.	

Principal Place of Business 4300 S. SEMORAN BLVD. SUITE 209 ORLANDO FL 32822	Mailing Address PO BOX 574646 ORLANDO FL 32857
---	--

2. Principal Place of Business - No P.O. Box # 5448 HOFFNER Rd.	3. Mailing Address P.O. Box 574646
Suite, Apt. #, etc. 402	Suite, Apt. #, etc.

City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32812	Country USA
Zip 32857	Country USA



1st MOORE CR2E034 (10/07)

4. FE Number 66-0546144	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALDANA, LUIS A 2924 RIVERS END RD ORLANDO FL 32817	
7. Name and Address of New Registered Agent Name: Luis A. Saldana Street Address (P.O. Box Number is Not Acceptable): 649 Green Rock Ct City: APOPKA FL Zip Code: 32712	

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: Luis A. Saldana DATE: 1-30-08

Signature, typed or printed name of registered agent and date. (Applicable) (NOTE: Registered Agent signature required when certifying)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY-ST-ZIP	P SALDANA, LUIS A 649 GREEN ROCK CT APOPKA FL 32712 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Luis A. Saldana DATE: 1-30-08 TELEPHONE: 407-928-8899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR