## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055272

Entity Name: ANGELS EMPLOYMENT SERVICE CORP.

FILED May 11, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Current Principal Place of Business: New Principal Place of Business:

4235 W. 16TH AVENUE 26 WESTWARD DRIVE SUITE 102 MIAMI SPRINGS, FL 33166 HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

4235 W. 16TH AVENUE 26 WESTWARD DRIVE SUITE 102 MIAMI SPRINGS, FL 33166 HIALEAH, FL 33012

FEI Number: 65-1116166 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEREA, RAFAELA
3034 SW 5TH ST.
MIAMI, FL 33135 US

PEREA, RAFAELA
26 WESTWARD DRIVE
MIAMI SPRINGS, FL 33144 US

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.

SIGNATURE: RAFAELA PEREA 05/11/2005

Electronic Signature of Registered Agent Date

Title:

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEREZ, RAFAELA

 Name:
 PEREZ, RAFAELA
 Name:
 PEREA, RAFAELA

 Address:
 3034 SW 5TH ST
 Address:
 3034 SW 5TH STREET

 City-St-Zip:
 MIAMI, FL 33135
 City-St-Zip:
 MIAMI, FL 33135

 Name:
 PEREZ, YVETTE
 Name:
 PEREA, YVETTE

 Address:
 400 SW 69TH AVE
 Address:
 26 WESTWARD DRIVE

 City-St-Zip:
 MIAMI, FL 33144
 City-St-Zip:
 MIAMI SPRINGS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVETTE PEREA D 05/11/2005