## 2004 FOR PROFIT CORPORATION

## May 03, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P01000073815 05-03-2004 91218 042 \*\*\*150.00 ANGÉL'S PLACE OF ORLANDO, INC. Principal Place of Business Mailing Address 24066608 707 S. PARRAMORE AVE. 707 S. PARRAMORE AVE. ORLANDO, FL 32805 ORLANDO, FL 32805 04302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3735962 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEE, YONG K DO NOT WRITE 707 S. PARRAMORE AVE. ORLANDO, FL 32805 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DPS LEE, YONG K NAME STREET ADDRESS 707 S. PARRAMORE AVE. CITY-ST-ZIP ORLANDO, FL 32805 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIT: F NAME

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 employered 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 addises, with all other like employered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP Tetra NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR

**FILED**