

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000075217

Entity Name: AN ANGEL'S DESIGN, INC.

FILED  
Mar 22, 2009  
Secretary of State

## Current Principal Place of Business:

9710 NW 24TH CT  
PEMRBOKE PINES, FL 33024 US

## New Principal Place of Business:

## Current Mailing Address:

9710 NW 24TH CT  
PEMBROKE PINES, FL 33024 US

## New Mailing Address:

9710 NW 24TH CT  
PEMRBOKE PINES, FL 33024 US

FEI Number: 65-1128671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUEVARA, MARTHA  
9710 NW 24TH CT  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: GUEVARA, MARTHA  
Address: 9710 NW 24TH CT  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: SVD ( ) Delete  
Name: MONTALBANO, BETSY  
Address: 9710 NW 24TH CT  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: STD ( ) Delete  
Name: TELLO, LORELEI  
Address: 9710 NW 24TH CT  
City-St-Zip: PEMBROKE PINES, FL 33024 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: OLSEN, LORELEI  
Address: 9710 NW 24TH CT  
City-St-Zip: PEMBROKE PINES, FL 33024 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARTHA GUEVARA

PTD

03/22/2009

Electronic Signature of Signing Officer or Director

Date