2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 15, 2008 08:00 AM **DOCUMENT # P01000076072** 1. Entity Name **Secretary of State** ANGELES A.L.F. INC. Principal Place of Business Mailing Address 10921-23 SW 5 ST MIAMI FL 33174 10921-23 SW 5 ST MIAMI FL 33174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For City & State City & State 65-1126810 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERMUDEZ, ERIC Street Address (P.O. Box Number is Not Acceptable) 10921-23 SW 5 ST MIAMI FL 3374 Zip Code 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 premed herre of registered arrent and title if applicable. (NOTE: Registered Agont is gnature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE □ Addition BERMUDEZ, ERIC NAME NAME U00000829429 STREET ADDRESS 14994 SW 18 TERR STREET ADDRESS 02/26/08-80040-013 150.00 MIAMI FL 33185 CITY-ST-ZIP CITY-ST-ZIP Derete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP THE □ Change Addition TIRLE Da ete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST- ZIP TITLE Defete TITLE Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De ete TITLE Change Acdition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ De ele TITLE ☐ Change Addition FITE F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 efficer or director of the corporation or the receiver or trustee expression block 10 or Block 11

SIGNATURE

if changed, or on an attachment with an ac-

ess, with all off