## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBP**

P01000093718 DOCUMENT #

1. Entity Name

ANGELITA CORP.



## **FILED** Mar 31, 2003 8:00 am & Secretary of State

03-31-2003 90184 008 \*\*\*150.00

Principal Place of Business   Marille Address					<b>'</b>		
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Sullo, Act #, etc.  Sullo, Act #, etc.  Sullo, Act #, etc.  City & State  Country  Streat Address of State Desired City File  Some Repopled City File  City City City  FL Zip Code  Number is Not Acceptable)  Streat Address of New Registered Agent  City City City  FL Zip Code  Number is Not Acceptable)  City City  FL Zip Code  City City City  FL Zip Code  City City  City	2 Principal P	Place of Rucinose	2 Mailing Address	; 			
Coy & State  Coy & State  Country  Coun	1443	0 S.W. 27 "St.	14470 S.U	. 27 Street			
Country   Country   Country   Country   S. Certificate of Status Desired   St.75 Additional   Pop Required   St.75 Additional   Pop Required   St.75 Additional   Pop Required   Pop Req	Suite, Apt.	#, etc.	Suite, Apr. #, etc.	r	CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Alama  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zo Code  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Priorida. I smrt familiar with, and accept the obligations of registered agent, or both, in the State of Priorida. I smrt familiar with, and accept the obligations of registered agent.  SIGNATURE  Symmetry 1, 2003 Fee will be \$550,00  After May 1, 2003 Fee will be \$550,00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OMES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME  SIRET ADDRESS  OTT 57-7P  TITLE  NAME  SIRET ADDRESS  OTT 57-7			I M		MHIII(NX3 <del>  </del>		
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the obligations of registered agent.  SIGNATURE    Syncurus typade or present name of registered agent and side it applicable.   (NOTE Registered Agent signature recolored when recreasing)   DATE				City	FL Zip Code		
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		ertify that the information expelled with	this filing does not qualify for		Section 119 07/3V() Florido Statutos I fuelhas contifu that the 1-1-1-	rmatica	

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: