

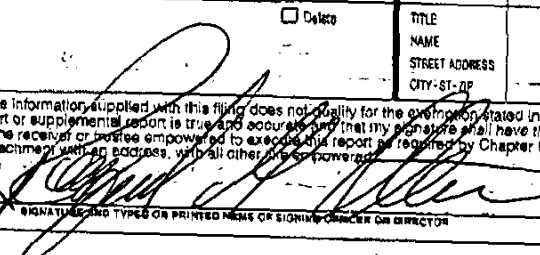
04/27/2005 11:36 305-823-4680

JOHN CU

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90273 015 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000104986		
1. Entity Name ANGELS AT WORK, INC.		
Principal Place of Business 815 SW 16 ST FORT LAUDERDALE, FL 33315		Mailing Address 815 SW 16 ST FORT LAUDERDALE, FL 33315
2. Principal Place of Business 99 SW 14 STREET		3. Mailing Address 99 SW 14 STREET
City & State FT. LAUDERDALE FL		City & State FT. LAUDERDALE FL
Zip 33315 Country USA		Zip 33315 Country USA
4. FEI Number 65-1150855		Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent OKTAVEC, RAYMOND G 815 SW 16 ST FORT LAUDERDALE, FL 33315		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____		
9. Election Campaign Financing True Fund Contribution \$500.00 ☐ \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS OKTAVEC, RAYMOND 815 SW 16 ST FORT LAUDERDALE, FL 33315 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKTAVEC, BARBARA 815 SW 16 ST FORT LAUDERDALE, FL 33315 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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 empowered to execute this report as required by Chapter 507, 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 titles or powers.		
SIGNATURE:  4/29/05 984-494-4111 SIGNATURE AND TYPED OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		