2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM Secretary of State **DOCUMENT # P01000107669** 1. Entity Name BY ANGEL, INC. Principal Place of Business Mailing Address 9665 SE 121ST PLACE 9665 SE 121ST PLACE BELLEVIEW, FL 34420 BELLEVIEW, FL 34420 04262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1150914 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable U00000133098 9. Election Campaign Financing \$5.00 May Be 04/29/04-80107-022 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE DE JESUS, ANGEL NAME 9665 S. E. 121 PLACE STREET ADDRESS CITY-ST-ZIP BELLEVIEW, FL 34420 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SY-709 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARKE STREET ADDRESS CITY-ST-ZIP TITLE MAME

12. I hereby certify that the information supplied with this filling 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 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: (

STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR