FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90093 018 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000031691

1. Entity Name
TONY ANGEL, CORP.

Principal Place of Business	Mailing Address
141 NE 3RD AVENUE #604 MIAMI, FL 33132	141 NE 3RD AVENUE #604 MIAMI, FL 33132

2. Principal Place of Business	3. Mailing Address
1945 NW 6 st	1945 NW 6 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33125 Country: U.S.A	Zip: 33125 Country: U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0570549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
R&P ACCOUNTING & TAXES, INC. 141 NE 3RD AVENUE #604 MIAMI, FL 33132	Name: Jamous Antoine E Street Address (P.O. Box Number Is Not Acceptable): 1945 NW 6 st Miami FL City FL Zip Code 33125

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 X [signature] V: Solangel Gonzalez 3-24-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMOUS, ANTOINE L 141 NE 3RD AVENUE #604 MIAMI, FL 33132	☐ Delete	PD Jamous Antoinel E 1945 NW 6 st miami FL 33125	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GONZALEZ, SOLANGEL 141 NE 3RD AVENUE #604 MIAMI, FL 33132	☐ Delete	VD Gonzalez Solangel 1945 NW 6 st miami FL 33125	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 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: X [signature] V: Solangel Gonzalez 3-24-03 (305)649-1762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)