

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000052246

1. Entity Name
GOLDEN ANGEL'S LEARNING CENTER INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 18 AM 10:32

Principal Place of Business
8012 N. ARMENIA AVE.
TAMPA, FL 33604

Mailing Address
8012 N. ARMENIA AVE.
TAMPA, FL 33604

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09152007 Chg-P CR2E034 (12/06)

4. FEI Number
04-3654602

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAGAN, GRICELL
8012 N. ARMENIA AVE.
TAMPA, FL 33604

7. Name and Address of New Registered Agent

Name
Josep G. RAMOS

Street Address (P.O. Box Number is Not Acceptable)

2244 CRESTOVER LANE

City
WESLEY CHAPEL

FL

Zip Code
33543

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 of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

9-15-2007

Amended AR is \$61.25

\$70-

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
PAGAN, GRICELL
STREET ADDRESS
8012 N. ARMENIA AVE.
CITY-STATE-ZIP
TAMPA, FL 33604 ☐ Delete

TITLE
NAME
KNAPP, JOHN MR
STREET ADDRESS
8012 N. ARMENIA AVE
CITY-STATE-ZIP
TAMPA, FL 33604 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
100109981931
09/25/07--01019--013 **70.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gricell Pagan-Pos. 9/15/07 813-934-8830