2005 EOD DOOEIT CODDODATION

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ANNUAL REPORT				Apr 25, 2005 08:00 Secretary of State			
DOCUMENT # P0200053063 1. Entity Name ALICE'S ANGEL, INC.					Secre	tary of Stat	
4628 EL MA	ce of Business IR DR E BY THE SEA, FL 33308	Mailing Address 4628 EL MAR DR LAUDERDALE BY THE SEA, FL	33308		[T. I 1111 FRUR 1111	
	OO NOT WRITE		CE		O Chg-P CR2	Applied For Not Applicable \$8.75 Additional Fee Required	
VERME, L 4628 EL M LAUDERD		DO NOT WRITE IN THIS SPACE					
the obligated signature.	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	itle if applicable. (NOTE, Register) 9. Election Campaign Fina	ad Agent signature required	ar ye kara a sa	e State of Florida. I a	1	
10.	OFFICERS AND DI		<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P VERME, LAURIE 4628 EL MAR DR LAUDERDALE BY THE SEA, FL 3: S VERME, LAURIE					71** 1	
STREET ADDRESS	1020 22 111 11 2 2 1			n ₄	125000000321 2013-2013	751 51-007 150.00	
CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308 TITLE T NAME VERME, LAURIE STREET ADDRESS 4628 EL MAR DR CITY-ST-ZIP LAUDERDALE BY THE SEÅ, FL 33308 TITLE NAME			DO NOT WRITE IN THIS SPACE				
STREET ADDRESS							
CITY-ST-ZIP		<u> </u>		-			
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

12. Thereby 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 accordance with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #