


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

pg 10F~

DOCUMENT # P02000054200		
1. Entity Name ANGEL SATELITES SYSTEMS, INC.		

**FILED**  
07 APR 27 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 500 WEST 45TH PLACE HIALEAH, FL 33012-3863	Mailing Address 500 WEST 45TH PLACE HIALEAH, FL 33012-3863
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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



4. FEI Number 54-2063152		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CAMPOS, JORGE R 1050 WEST 46TH STREET HIALEAH, FL 33012		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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$300.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, ANGEL L 500 WEST 45TH PLACE HIALEAH, FL 330123863 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300103238373 05/25/07--01010--011 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

K. Eckel MAY - 7 2007

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: Angel Luis Silva  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/07

305 219 8821

Date

Daytime Phone #

ANGEL SATELITES SYSTEMS, INC.  
500 WEST 45th PLACE  
HIALEAH, FLORIDA 33012-3863

Florida Department of State  
Division of Corporation  
P.O. BOX 6327  
Tallahassee, Florida 32314

Re: Renewal / Reinstatement  
Corp. No. P02000054200

Dear Mr. Toner:

Please be advised that We have not received any prior notice that we had fail to file renewal, when we received the 3 x 5 card from your office we immidiatly sent said card to have the necessary documents sent for the renewal of the corporation.

Please accept this check No. 1207 in the amount of One hundred fifty eight dollars and 75 cents ( \$ 158.75 ) for the renewal of the above corporation. Thanking you in advance for your coperation to this matter and hoping to have favorable, news.

Very Truly Yours,



Angel L. Silva  
President