FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 10 AM 8:00

DOCUMENT # P02000055499

1. Entity Name

ANGELES LARIOS CORP

REINSTATEMENT 03

800025399658
12/10/03--01068--007 **150.00

7/25/03 90096 039 *558.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11888 S HWY 41 LOT 16	11888 S HWY 41 LOT 16
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GIBSONTON FL	City & State: GIBSONTON FL
Zip: 33534 Country: USA	Zip: 33534 Country: USA

4. FEI Number 01-0699864 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MIGUEL A GARCIA

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

11888 S HWY 41 LOT 16

City: GIBSONTON FL Zip Code: 33534

MRL

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. MIGUEL A GARCIA 11888 S HWY 41 LOT 16 GIBSONTON FL 33534
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CR2E034B (12/02)

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 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 #