

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90012 036 ***150.00

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1. Entity Name

ANGEL'S TOUCH PRODUCTS, INC.



Principal Place of Business

6050 COLLIER BLVD
153
NAPLES FL 34114

Mailing Address

6050 COLLIER BLVD
153
NAPLES FL 34114

2. Principal Place of Business

6050 Collier Blvd

3. Mailing Address

6050 Collier Blvd

Suite, Apt. #, etc.

153

Suite, Apt. #, etc.

153

City & State

Naples, FL

City & State

None

Zip

34114

Country

USA

Zip

Country

4. FEI Number

22-3691678

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

LASTELLA, LUANA
25663 OLD GAS LIGHT DRIVE
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

LUANA Walters Lastella

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

Sum

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

LUANA Lastella

(NOTE: Registered Agent signature required when re-instating)

DATE

1/24/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE P ☐ Delete
NAME LASTELLA, LUANA
STREET ADDRESS 7256 CARDUCCI CT
CITY-ST-ZIP NAPLES FL 34114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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

LUANA Lastella

Date

Daytime Phone #

1/24/06