

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90041 009 ***558.75

DOCUMENT # P02000065794

1. Entity Name

ANGEL'S TOUCH PRODUCTS, INC.



Principal Place of Business

Mailing Address

6050 COLLIER BLVD
153
NAPLES FL 34114

6050 COLLIER BLVD
153
NAPLES FL 34114

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

3. Mailing Address

6050 Collier Blvd
Suite, Apt. #, etc.
153

Suite, Apt. #, etc.

City & State

City & State

Naples, FL

Zip

Country

34114

USA

Zip

Country

4. FEI Number 22-3691678

Applied For
Not Applicable

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

2nd MOORE CR2E034 (4/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUANA
WALTERS/LASTELLA, LUANA
25663 OLD GAS LIGHT DRIVE
BONITA SPRINGS FL 34135
7256 CARDUCCI CT
NAPLES, FL 34114

Name Walters/LASTELLA, LUANA
Street Address (P.O. Box Number is Not Acceptable)
7256 CARDUCCI CT
City Naples FL Zip Code 34114

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

LUANA La Stella

7/11/07

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-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 #

LUANA La Stella

7/11/07

ATTACHMENT

40126892

Angels Touch

6050 Collier Blvd, Store 153, Naples, FL 34114
Phone 239-774-1078 Fax 239-774-9818

7/11/07

Division of Corp
Annual Report Section
PO Box 6850
Tallahassee, FL 32314

Ref: Doc # ~~PO2000065794~~
2007 Corp Annual Report (AR)

To whom it may concern:

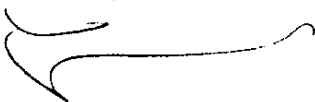
We never received the report in the beginning of this year. It may have been sent to the Bonita Springs, FL address.

Please note changes and consider changing payment back to original due amount of \$150.00

Mean while we have enclosed the late fee for \$550.00 plus \$8.75 for a new certificate change.

Thanking you for considering this matter.

Cordially,



Luana H. Walters/ LaStella

P.S.: FEI # 22-3691678