

FILED
 May 03, 2004 08:00 AM
 Secretary of State

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000118955																																										
1. Entity Name ANGELES CLEANING SUPPLIES, INC.																																										
Principal Place of Business 1341 SW 119 COURT MIAMI, FL 33184		Mailing Address 1341 SW 119 COURT MIAMI, FL 33184																																								
DO NOT WRITE IN THIS SPACE																																										
4. Name and Address of Current Registered Agent HIDALGO, CASTO 1341 SW 119 COURT MIAMI, FL 33184		 04292004 No Chg-P CP2E034 (10/03) 4. FEI Number 55-0809085 Applied for Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																								
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8. The filer hereby certifies 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 _____ (Print name of person named as registered agent and job if applicable) (If filer, Registered Agent signature required when renewing) DATE _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>ALLEN, INGRID B</td> </tr> <tr> <td>STREET ADDRESS</td> <td>15085 SW 172 STREET</td> </tr> <tr> <td>CITY, ST., ZIP</td> <td>MIAMI, FL 33187</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY, ST., ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY, ST., ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY, ST., ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY, ST., ZIP</td> <td></td> </tr> </table>		TITLE	D	NAME	ALLEN, INGRID B	STREET ADDRESS	15085 SW 172 STREET	CITY, ST., ZIP	MIAMI, FL 33187	TITLE		NAME		STREET ADDRESS		CITY, ST., ZIP		TITLE		NAME		STREET ADDRESS		CITY, ST., ZIP		TITLE		NAME		STREET ADDRESS		CITY, ST., ZIP		TITLE		NAME		STREET ADDRESS		CITY, ST., ZIP		U00000151884 05/04/04-80065-003 150.00 DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 person 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 this statement with an address, with all other like empowered.																																										
SIGNATURE: _____ (Print name of signing officer or director) DATE _____																																										