

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90216 010 ***158.75

DOCUMENT # P02000118955

1. Entity Name
ANGELES CLEANING SUPPLIES, INC.



Principal Place of Business 1341 SW 119 COURT MIAMI, FL 33184 4123 NE 30 ST. Homestead, Fla 33033	Mailing Address 1341 SW 119 COURT MIAMI, FL 33184
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DO NOT WRITE IN THIS SPACE

20042941



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0809085	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~HIDALGO, CASTO~~
~~1341 SW 119 COURT~~
~~MIAMI, FL 33184~~

DO NOT WRITE IN THIS SPACE

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]* DATE: **4/18/05**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	D ALLEN, INGRID B 15085 SW 172 STREET 4123 NE 30 ST MIAMI, FL 33187 Homestead, FL 33033
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DO NOT WRITE IN THIS SPACE

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/18/05** DAYTIME PHONE: **786-229-1583**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR