


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90220 038 ***158.75

DOCUMENT # P02000118955

1. Entity Name
ANGELES CLEANING SUPPLIES, INC.



Principal Place of Business Mailing Address

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

4123 NE 30 Street
Homestead, Fl. 33033

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
55-0809085 Not Applicable

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

6. Name and Address of Current Registered Agent

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

4123 NE 30 Street
Homestead, Fl.
33033

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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]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 <i>4123 NE 30 Street</i> <i>HOMESTEAD, FL 33033 Homestead, fl. 330033</i>
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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: *Ingrid Allen* *4/17/06* Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #