

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 SEP 19 AM 1:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



09142007 No Chg-P CR2E034 (11/05) **07**

4. FEI Number
56-2370689

Applied For
Not Applicable

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

DOCUMENT # P03000039465

1. Entity Name
ANG INVESTMENTS, INC.



Principal Place of Business
**14 NW 11TH AVENUE
FORT LAUDERDALE, FL 33311**

Mailing Address
**106 N.W. 11TH AVE.
FT. LAUDERDALE, FL 33311**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ABUDAUD, SULAIMAN
106 NW 11 AVENUE
FORT LAUDERDALE, FL 33311**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
ABUDAUD, SULAIMAN
PO BOX 350033
FORT LAUDERDALE, FL 33355**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
GHNEIM, NASER
PO BOX 350033
FORT LAUDERDALE, FL 33355**

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

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09/20/07--01002--012--**750.00**

**DO NOT WRITE
IN THIS SPACE**

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 #