


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90006 007 \*\*\*150.00

<b>DOCUMENT # P03000049420</b>					
<b>1. Entity Name</b> ANGEL HUMBERTO INC.					
<b>Principal Place of Business</b> 1728 W ROYAL TERN LANE FORT PIERCE, FL 34982 US			<b>Mailing Address</b> 1728 W ROYAL TERN LANE FORT PIERCE, FL 34982 US		
<b>2. Principal Place of Business</b> 280 SW Ridgecrest Dr. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 280 SW Ridgecrest Dr. Suite, Apt. #, etc.			
<b>City &amp; State</b> Port Saint Lucie, FL Zip 34953 Country USA		<b>City &amp; State</b> Port Saint Lucie, FL Zip 34953 Country USA		<b>4. FEI Number</b> 41-2093080	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> RODRIGUEZ, HUMBERTO 1728 W ROYAL TERN LANE FORT PIERCE, FL 34982			<b>7. Name and Address of New Registered Agent</b> Name: Humberto Rodriguez Street Address (P.O. Box Number is Not Acceptable): 280 SW Ridgecrest Dr. City: Port Saint Lucie FL Zip Code: 34953		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PVST <b>NAME</b> RODRIGUEZ, HUMBERTO <b>STREET ADDRESS</b> 710 NW 33 AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33125	<input type="checkbox"/> Delete		<b>TITLE</b> PVST <b>NAME</b> Rodriguez, Humberto <b>STREET ADDRESS</b> 280 SW Ridgecrest Dr. <b>CITY-ST-ZIP</b> Port Saint Lucie, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> RODRIGUEZ, HUMBERTO <b>STREET ADDRESS</b> 710 NW 33 AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33125	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Rodriguez, Humberto <b>STREET ADDRESS</b> 280 SW Ridgecrest Dr. <b>CITY-ST-ZIP</b> Port Saint Lucie, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/20/06 305-753-3494 <small>Date Daytime Phone #</small>		