

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000084047

**Entity Name:** ANGELS LOVE & CARE, INC.

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6900 W 32 AVE  
BAY 25  
HIALEAH, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

6900 W 32 AVE  
BAY 25  
HIALEAH, FL 33018

**New Mailing Address:**

**FEI Number:** 20-0124268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LLAMBIAS, YOANNY  
12772 NW 99 COURT  
HIALEAH GARDENS, FL 33018 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LLAMBIAS, YOANNY  
**Address:** 12772 NW 99 COURT  
**City-St-Zip:** HIALEAH GARDENS, FL 33018

**Title:** VP  
**Name:** LLAMBIAS, JAIME  
**Address:** 12772 NW 99 COURT  
**City-St-Zip:** HIALEAH GARDENS, FL 33018

**Title:** S  
**Name:** CABRERA, MILAGROS  
**Address:** 12772 NW 99 COURT  
**City-St-Zip:** HIALEAH GARDENS, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** YOANNY LLAMBIAS

P

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date