

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000063776					
1. Entity Name ANGELES SERVICES CORPORATION					
Principal Place of Business 2968 SW 4TH ST MIAMI, FL 33135			Mailing Address 2968 SW 4TH ST MIAMI, FL 33135		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1004787	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GIRON, ANDRES 2968 SW 4TH ST MIAMI, FL 33135			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: 			DATE: 6-17-06		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT	NAME GIRON, ANDRES		<input type="checkbox"/> Delete		
STREET ADDRESS 2968 SW 4TH ST	CITY-ST-ZIP MIAMI, FL 33135		06/22/06-80004-003 150.00		
TITLE S	NAME DUARTE, MARTHA		<input type="checkbox"/> Delete		
STREET ADDRESS 2968 SW 4TH ST	CITY-ST-ZIP MIAMI, FL 33135		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			Date: 6-17-06 (305) 642-7863		
Signature, typed or printed name of signing officer or director			Daytime Phone #		