

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078161

FILED  
Feb 10, 2008  
Secretary of State

**Entity Name:** ANGELS REACH DEVELOPMENTAL ENRICHMENT CENTER, INC.

**Current Principal Place of Business:**

8051 W. 24 AVENUE  
2  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

7488 NW 169 LN  
MIAMI, FL 33015 US

**New Mailing Address:**

**FEI Number:** 16-1700782      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LUZARDO, DORINDA  
7488 NW 169 LN  
MIAMI, FL 33015 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LUZARDO, DORINDA  
Address: 7488 NW 169 LANE  
City-St-Zip: MIAMI, FL 33015 US

Title: DVP ( ) Delete  
Name: LUZARDO, REINER  
Address: 7488 NW 169 LANE  
City-St-Zip: MIAMI, FL 33015 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: RIBADEO, MANNY  
Address: 18500 SW 100 ST.  
City-St-Zip: MIAMI, FL 33196 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** DORINDA LUZARDO

DP

02/10/2008

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

\_\_\_\_\_  
Date