

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078161

FILED
Apr 30, 2009
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:

8325 WEST 24 AVENUE
5
HIALEAH, FL 33016 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: RIBADEO, MANNY
Address: 561 WEST 39 STREET
City-St-Zip: HIALEAH, FL 33012 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

04/30/2009

Electronic Signature of Signing Officer or Director

Date