

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90154 015 \*\*\*158.75

**DOCUMENT # P04000113070**

1. Entity Name

ANGELO INDUSTRIES, CORP.



Principal Place of Business

675 NE 205 TERRACE  
APT. #104  
MIAMI FL 33179

Mailing Address

P.O. BOX 552404  
OPA LOCKA FL 33055

2. Principal Place of Business - No P.O. Box #

675 N.E. 205 Terrace

3. Mailing Address

675 N.E. 205 Terrace

Suite, Apt. #, etc.

Apt # 104

Suite, Apt. #, etc.

Apt # 104

City & State

Miami FL 33179

City & State

Miami FL

Zip

33179

Country

Dade

Zip

33179

Country

Dade

1st MOORE

CR2E034 (10/07)

4. FEI Number

51-0441994

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWTON, ANGELO  
675 NE 205 TERRACE  
APT. # 104  
MIAMI FL 33179

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
NEWTON, ANGELO  
675 NE 205 TERRACE, APT. #104  
MIAMI FL 33179 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-2008