

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000127983

Entity Name: ANGELINES DAIRY, INC.**FILED**
Aug 12, 2009
Secretary of State**Current Principal Place of Business:**7801 SW 34 TERRACE
MIAMI, FL 33155**New Principal Place of Business:****Current Mailing Address:**7801 SW 34 TERRACE
MIAMI, FL 33155**New Mailing Address:****FEI Number:** 90-0255576 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RAMOS, INES M
7801 SW 34 TERRACE
MIAMI, FL 33155 US**Name and Address of New Registered Agent:**RAMOS, JORGE A
7801 SW 34 TERRACE
MIAMI, FL 33155 US

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: JORGE A RAMOS

08/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: V () Delete
Name: RAMOS, JORGE A
Address: 7801 SW 34 TERRACE
City-St-Zip: MIAMI, FL 33155Title: PS (X) Delete
Name: RAMOS, INES
Address: 7801 SW 34 TERRACE
City-St-Zip: MIAMI, FL 33155**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PS (X) Change () Addition
Name: RAMOS, JORGE A
Address: 7801 SW 34 TERRACE
City-St-Zip: MIAMI, FL 33155Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JORGE A RAMOS

PS

08/12/2009

Electronic Signature of Signing Officer or Director

Date