


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90078 014 ***150.00

DOCUMENT # P04000152109 1. Entity Name ANGELA MARIA LANGNAS, P.A.						
Principal Place of Business 5218 NW 109 LANE CORAL SPRINGS, FL 33076			Mailing Address 5218 NW 109 LANE CORAL SPRINGS, FL 33076			
2. Principal Place of Business 5513 NW 41st Ave		3. Mailing Address 5513 NW 41st Ave				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Coconut Creek		City & State Coconut Creek		4. FEI Number 86-1119595		
Zip 33073		Country USA		Applied For <input type="checkbox"/> Not Applicable		
Zip 33073		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LANGNAS, ANGELA M 5218 NW 109 LANE CORAL SPRINGS, FL 33076				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVPS LANGNAS, ANGELA M 5218 NW 109 LANE CORAL SPRINGS, FL 33076		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5513 NW 41st Ave Coconut Creek, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANGNAS, ANGELA M 5218 NW 109 LANE CORAL SPRINGS, FL 33076		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5513 NW 41st Ave Coconut Creek, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Angela Maria Langnas</u> / Angela Maria Langnas						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 04-04-05 Daytime Phone # (954) 854-7931		