## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # P05000015096 Mar 12, 2007 08:00 AM **Secretary of State** ANGEL TOUCH BY IRIS, INC. Principal Place of Business Mailing Address 14242 SW 52 STREET MIAMI FL 33175 14242 SW 52 STREET MIAMI FL 33175 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Slato 4. FEI Number Applied For City & State 20-2347200 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, IRIS Y Street Address (P.O. Box Number is Not Acceptable) 14242 SW 52 STREET MIAMI FL 33175 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete ШЕ GARCIA, IRIS Y NAME NAME 14242 SW 52 STREET STREET ADDRESS STREET ADDRESS U000000661966 MIAMI FL 33175 CITY-S1-ZIP CITY-ST-ZIP <u>03/20/07-80064-003\_150.00</u> Delete ☐ Change ☐ Addition TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CUTY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 7IP ☐ Change Addition TETLE Delete TITLE NAM! NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY- \$1-71P ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-SI-ZIP Change Addition HILL ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further cortify 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 eath; 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

GARCIA 3-8-D7