## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000047359

City-St-Zip:

BOYNTON BEACH, FL 33435

Entity Name: ANGEL AIDS CENTER, INC.

FILED Apr 12, 2009 Secretary of State

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Current P	rincipal Place of Business:	New Principal Place of	New Principal Place of Business:	
5605 NW 27TH CT LAUDERHILL, FL 33313		1708 NE 4TH STREET BOYNTON BEACH, FL		
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
5605 NW 27TH CT LAUDERHILL, FL 33313			1708 NE 4TH STREET BOYNTON BEACH, FL 33435	
FEI Number	: FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		: Name and Address of	Name and Address of New Registered Agent:	
12509 CO	ND RAMRUP LONY PRESERVE DRIVE I BEACH, FL 33436 US			
The above in the State	named entity submits this statement for t e of Florida.	he purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
Election Car	npaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PS () Delete RAMRUP, HANSRAM SR 1708 NE 4TH STREET BOYNTON BEACH, FL 33435	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD ( ) Delete RAMRUP JR, HANSRAM 1708 NE 4TH STREET BOYNTON BEACH, FL 33435	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D () Delete RAMRUP, SOMMATTIE 1708 NE 4TH STRET	Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: RAMCHAND RAMRUP RA 04/12/2009