

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90102 018 ***158.75

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04162006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000093927 1. Entity Name THREE DIVINE ANGELS CORP.					
Principal Place of Business 22801 S.W 214 AVE MIAMI, FL 33170			Mailing Address 22801 S.W 214 AVE MIAMI, FL 33170		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
Country			Country		
4. FEI Number 25-1920324				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, F. IRMA 22801 S.W 214 AVE MIAMI, FL 33170				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: <u>F. Irma Gomez</u> DATE: <u>04/16/06</u> <small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DP GOMEZ, RENE G 22801 S.W 214 AVE MIAMI, FL 33170	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GOMEZ, F. IRMA 22801 S.W 214 AVE MIAMI, FL 33170	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOMEZ, NURDES B 22801 S.W 214 AVE MIAMI, FL 33170	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>F. Irma Gomez</u> DATE: <u>04-16-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>		