


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90027 042 ***158.75

DOCUMENT # P05000141145
 1. Entity Name
 4@NGELES, CORP



Principal Place of Business
 6860 SW 16 TERRACE
 MIAMI, FL 33155

Mailing Address
 6860 SW 16 TERRACE
 MIAMI, FL 33155

40038126



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03102006 Chg-P CR2E034 (11/05)

4. FEI Number
 20-3732444

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ADRIANZEN, ANGEL 12225 SW 129 CT. MIAMI, FL 33186				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

NOW!!! FEE IS \$150.00
by 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
OPST ADRIANZEN, ANGEL 12225 SW 129 CT. MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	NAME	
	<input type="checkbox"/> Delete	STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	NAME	
	<input type="checkbox"/> Delete	STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	NAME	
	<input type="checkbox"/> Delete	STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	

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: ANGEL ADRIANZEN ✓

 OFFICER OR DIRECTOR PRESIDENT Date 3/14/06 Daytime Phone #