2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 29, 2008
Secretary of State

DOCUMENT# P05000150795

Entity Name: ANGEL INSURANCE INC.

Current Principal Place of Business:

2321 W. KENTUCKY AVENUE
TAMPA, FL 33607

New Principal Place of Business:

4307 N. ARMENIA AVE
TAMPA, FL 33607

Current Mailing Address:

2321 W. KENTUCKY AVENUE
TAMPA, FL 33607

New Mailing Address:

4307 N. ARMENIA AVE
TAMPA, FL 33607

FEI Number: 20-3744673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVAS, LAZARA
2321 W. KENTUCKY AVENUE
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

RIVAS, LAZARA
4307 N. ARMENIA AVE
TAMPA, FL 33607 US

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.

SIGNATURE: LAZARA RIVAS 07/29/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RIVAS, LAZARA
Address: 2321 W. KENTUCKY AVE
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RIVAS, LAZARA
Address: 4307 N. ARMENIA AVE
City-St-Zip: TAMPA, FL 33607

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.

SIGNATURE: LAZARA RIVAS PRIN 07/29/2008
Electronic Signature of Signing Officer or Director Date