2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 22, 2006 8:00 am
Secretary of State
05-09-2006 90075 026 ***158.75

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1. Entity Name
ANGEL PROPERTY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
10210 N. MIAMI AVENUE MIAMI, FL 33150	10210 N. MIAMI AVENUE MIAMI, FL 33150

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P.O. Box 531429 Suite, Apt. #, etc.	
City & State		City & State: MIAMI SHORES, FL	
Zip	Country	Zip: 33153	Country: USA

04032006 Chg-P CR2E034 (11/05)

4. FEI Number 42-1711920 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDEN, RICHARD A ESQ.
12000 BISCAYNE BLVD
SUITE 500
NORTH MIAMI, FL 33181

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 ______ 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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	DIR PUMA, LARRY D 10210 NORTH MIAMI AVENUE MIAMI, FL 33150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR / PRES	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR PUMA, KAREN S 10210 NORTH MIAMI AVENUE MIAMI, FL 33150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR / VP KAREN J PUMA	☒ Change ☐ Addition
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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: Karen Puma 4-18-06 305-751-8947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #