## FILED Apr 25, 2006 8:00 am Secretary of State 04-25-2006 90102 048 \*\*\*150.00

2006		FIT CORPOI	RATION	So			
DOCUMENT  1. Entity Name  ANGELA & CRIS							
Principal Place of Busine	ss	Mailing Address	Mailing Address				
306 NW 114TH AVE., # MIAMI, FL 33172	<del>*</del> 104		306 NW 114TH AVE., #104 MIAMI, FL 33172				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.				
City & State		City & State	City & State				
Zip	Country	Zip	Country	5. Certificate of Stat			
6Narr	7. Name and Addre						

1. Entity Nam ANGELA		CORP						ů				
Principal Place of Business 306 NW 114TH AVE., #104 MIAMI, FL 33172		3	Mailing Address 306 NW 114TH AVE., #104 MIAMI, FL 33172				40				DI((DE) (1 ABE)	
2. Principal Place of Business			3.	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					04202006	Chg-P	CR2E	034 (11/05)	)	
City & State			City & State				4. FEI Numb	° 20-39	3239	/-/	applied For lot Applicable	
Zip		Country	Zip Country			itry		5. Certificate	of Status Desired		\$8.75 Ac Fee Requir	
<del>-</del>	6Name	and Address of Currer	nt Regis	stered Agent				7. Name and	Address of New	Registered	Agent	
CODTO A	NOTIA					Name						
SORTO, ANGELA 306 NW 114TH AVE., #104 MIAMI, FL 33172					Street Address (P.O. Box Number is Not Acceptable)							
						City		· · · · · ·		FI	Zip Co	de
	named entit	y submits this statement tered agent.	for the	purpose of changing its	register	! ed office or re	gister	ed agent, or bo	oth, in the State of F		familiar with	, and accept
SIGNATURE	Signature, typed	for printed name of registered age	ent and title	if applicable. (NOT	E: Registere	d Agent signature r	required	when reinstating)	<del></del>	DATE		<u>.</u>
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$550	0.00	9. Election Campa Trust Fund Cont			<b>\$5.</b> Add	00 May Be ed to Fees				_4
10.		OFFICERS AN	D DIRE	CTORS	11.			ADDITIONS	L /CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 11
TITLE	DP			☐ Delete	TITL	:					☐ Change	Addition
NAME	SORTO,	SORTO, ANGELA NA				E						
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I CITY CT 7ID												

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: Lingula Sale Signature and typed or printed name of signing officer or director