



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000015525 1. Entity Name SCORPIO ANGELS, CORP.				FILED 07 APR 23 AM 8:34 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9959 NW 9TH STREET, CIRCLE #3 MIAMI, FL 33172		Mailing Address 9959 NW 9TH STREET, CIRCLE #3 MIAMI, FL 33172			
2. Principal Place of Business - No P.O. Box # 3301 NE 5th AVE Suite, Apt. #, etc. #919		3. Mailing Address 2300 CORAL WAY Suite, Apt. #, etc. Suite 200		04022007 Chg-P CR2E034 (12/06)	
City & State MIAMI FL		City & State Miami, FL		4. FEI Number 20-4414019	
Zip 33137		Zip 33145		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZQUEZ, ELIO ESQ. 6780 CORAL WAY MIAMI, FL 33155			7. Name and Address of New Registered Agent Name FLORIDA ANNUAL REPORT SERVICES Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE 200 City MIAMI FL Zip Code 33145		
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><i>Vivian Williams</i></u> - Vivian Williams 4/2/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PSTD <input type="checkbox"/> Delete REBULL, CRISTINA 9959 NW 9TH STREET, CIRCLE #3 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Cristina Rebull</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/2/07 (305) 8800056 <small>Date Daytime Phone #</small>		
CRISTINA REBULL, President					