


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000017206	
1. Entity Name ANGELS FARMS, INC.	


Principal Place of Business 639 SW INDEPENDENCE RD MAYO, FL 32066 US	Mailing Address 639 SW INDEPENDENCE RD MAYO, FL 32066 US
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DO NOT WRITE IN THIS SPACE

FILED

2008 MAY -1 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 87-0761721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALAGON, GIRALDA  
639 SW INDEPENDENCE RD  
MAYO, FL 32066

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MALAGON, SANTIAGO 8210 SW 28TH ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MALAGON, MELISSA 8210 SW 28TH ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MALAGON, GIRALDA 8210 SW 28TH ST MIAMI, FL 33155
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000129226880  
05/13/08--01037--012 \*\*150.00

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: Giralda Malagon 4-30-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #