

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000149327

Entity Name: 3 ANGELS COUNTERTOPS, INC.

FILED  
Apr 24, 2007  
Secretary of State

## Current Principal Place of Business:

6419 W. PARIS ST.  
TAMPA, FL 33634

## New Principal Place of Business:

## Current Mailing Address:

6419 W. PARIS ST.  
TAMPA, FL 33634

## New Mailing Address:

FEI Number: 20-5982639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CERDA, JUAN L  
6419 W. PARIS ST.  
TAMPA, FL 33634 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: CERDA, JUAN L  
Address: 6419 W. PARIS ST.  
City-St-Zip: TAMPA, FL 33634

Title: P ( ) Delete  
Name: CERDA, MYRNA A  
Address: 6419 W. PARIS ST.  
City-St-Zip: TAMPA, FL 33634

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: CERDA, JUAN L  
Address: 6419 W. PARIS ST.  
City-St-Zip: TAMPA, FL 33634 US

Title: P (X) Change ( ) Addition  
Name: CERDA, MYRNA A  
Address: 6419 W. PARIS ST.  
City-St-Zip: TAMPA, FL 33634 US

Title: ASSO ( ) Change (X) Addition  
Name: MALAVE, MELVIN PARTNER  
Address: 2108 W. CLUSTER AVE.  
City-St-Zip: TAMPA, FL 33604 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JUAN L CERDA

DR

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date