

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000043189

Entity Name: ANGELS LOVE & CARE II, INC.

**FILED**  
**Jan 23, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

3500 WEST 84 STREET  
HIALEAH, FL 33018

## **New Principal Place of Business:**

6900 WEST 32ND AVE  
SUITE 11 & 12  
HIALEAH, FL 33018

## **Current Mailing Address:**

3500 WEST 84 STREET  
HIALEAH, FL 33018

## **New Mailing Address:**

6900 WEST 32ND AVE  
SUITE 11 & 12  
HIALEAH, FL 33018

FEI Number: 26-2512098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

LLAMBIAS, YOANNY  
12772 NW 99 COURT  
HIALEAH GARDENS, FL 33018 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: P  
Name: LLAMBIAS, YOANNY  
Address: 12772 NW 99 COURT  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: S  
Name: LLAMBIAS, JAIME  
Address: 12772 NW 99 COURT  
City-St-Zip: HIALEAH GARDENS, FL 33018

I hereby 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 all other like empowered.

SIGNATURE: YOANNY LLAMBIAS

P

01/23/2010

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

\_\_\_\_\_  
Date