

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051721

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** ANGELESS INSURANCE GROUP, INC.

**Current Principal Place of Business:**

3939 S. CONGRESS AVE. SUITE 108  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

3939 S. CONGRESS AVE. SUITE 108  
LAKE WORTH, FL 33461

**New Mailing Address:**

**FEI Number:** 26-2699504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PENALVA- BOYKIN, MARIANGELES  
3939 S. CONGRESS AVE. SUITE 108  
LAKE WORTH, FL 33461 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** D/P  
**Name:** PENALVA- BOYKIN, MARIANGELES  
**Address:** 3939 S. CONGRESS AVE. SUITE 108  
**City-St-Zip:** LAKE WORTH, FL 33461

**Title:** VP  
**Name:** PENALVA- BOYKIN, MARIANGELES  
**Address:** 3939 S. CONGRESS AVE. SUITE 108  
**City-St-Zip:** LAKE WORTH, FL 33461

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:** MARIANGELES PENALVA BOYKIN

D/P

05/01/2010

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

\_\_\_\_\_  
Date