

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000091618

Entity Name: BLUE ANGEL LIGHT CO.

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

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

3675 N COUNTRY CLUB DR.  
APT. 603  
AVENTURA, FL 33180

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

## **Current Mailing Address:**

3675 N COUNTRY CLUB DR.  
APT. 603  
AVENTURA, FL 33180

## **New Mailing Address:**

FEI Number: 45-4771920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DA SILVA, CAMILA R  
3675 N COUNTRY CLUB DR.  
APT. 603  
AVENTURA, FL 33180 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

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: DA SILVA, CAMILA R  
Address: 3675 N COUNTRY CLUB DR., APT. 603  
City-St-Zip: AVENTURA, FL 33180

Title: D  
Name: PEREIRA DA SILVA, ZENITA  
Address: 3675 N COUNTRY CLUB DR., APT. 603  
City-St-Zip: AVENTURA, FL 33180

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: CAMILA DA SILVA

PD

03/21/2012

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

\_\_\_\_\_  
Date