

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90029 012 \*\*\*150.00

**DOCUMENT # P93000009258**

**1. Entity Name**  
**ANGELIQUE CORPORATION**



**Principal Place of Business**  
**10672 NW FOUNTAINBLEAU BLVD**  
**MIAMI, FL 33172**

**Mailing Address**  
**10672 NW FOUNTAINBLEAU BLVD**  
**MIAMI, FL 33172**

94021527



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202004

Chg-P

CR2E034 (10/03)

**4. FEI Number**  
**65-0393275**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**ORTEGA, RAFAEL**  
**1122 NW 133 COURT**  
**MIAMI, FL 33172**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** ~~PSTD~~ ☒ Delete  
**NAME** ~~ORTEGA, RAFAEL~~  
**STREET ADDRESS** ~~1122 NW 133 COURT~~  
**CITY-ST-ZIP** ~~MIAMI, FL 33172~~

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ~~PSTD~~ ☒ Change ☐ Addition  
**NAME** ~~ANGELA ORTEGA~~  
**STREET ADDRESS** ~~1122 NW 133 COURT~~  
**CITY-ST-ZIP** ~~MIAMI, FL 33172~~

**TITLE** ☐ Change ☒ Addition  
**NAME** ~~S~~  
**STREET ADDRESS** ~~RAFAEL ORTEGA~~  
**CITY-ST-ZIP** ~~1122 NW 133 COURT~~  
~~MIAMI, FL 33172~~

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Angela Ortega*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #