

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000007085

Entity Name: HORANGEL, INC.

FILED
Mar 31, 2009
Secretary of State**Current Principal Place of Business:**220 MIRACLE MILE
203
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**220 MIRACLE MILE
203
CORAL GABLES, FL 33134**New Mailing Address:**

FEI Number: 65-0599565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BRIELE, AIDA E CPA
220 MIRACLE MILE
203
CORAL GABLES, FL 33134 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 (X) Delete
Name: DE TIRIGALL, ANGELA C. G
Address: 1865 BRICKELL AVE # A207
City-St-Zip: MIAMI, FL 33129Title: SD () Delete
Name: TIRIGALL, HORACIO G
Address: 1865 BRICKELL AVE # A207
City-St-Zip: MIAMI, FL 33129**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: PD (X) Change () Addition
Name: TIRIGALL, HORACIO G
Address: 1865 BRICKELL AVE # A207
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify 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: HORACIO G. TIRIGALL

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date