


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91238 033 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000069392			
1. Entity Name ANGELS LIMA & SANTOS EXPORT, INC.			
Principal Place of Business 8580 NW 72ND ST MIAMI, FL 33166		Mailing Address 8580 NW 72ND ST #2 MIAMI, FL 33166	
2. Principal Place of Business 2208 NW 82 AVE		3. Mailing Address SAME	
Suite, Apt. #, etc. MIAMI, FLORIDA		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33122	Country USA	Zip	Country
4. FEI Number 65-0695593		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTOS, JOSE G 8580 NW 72ND ST MIAMI, FL 33166		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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANTOS, JOSE G 8580 NW 72ND ST MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANTOS, JOSE 2208 NW 82 AVE MIAMI, FL 33122 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANTOS, MARIA C 8580 NW 72ND ST MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANTOS, MARIA 2208 NW 82 AVE MIAMI, FL 33122 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>4/29/04</i> Daytime Phone #: <i>(305) 597-1190</i>	