2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000104787

1. Entity Name

NAME

TITLE NAME

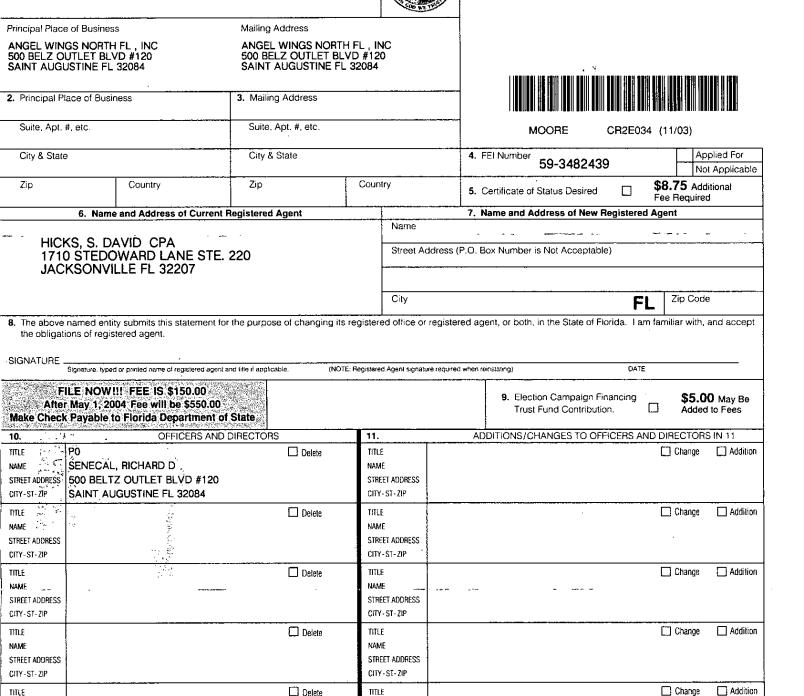
STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ANGEL WINGS OF NORTH FLORIDA, INC.



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.

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

Delete

STREET ADDRESS

CITY-ST-ZIP

CIONATURE AL LOS S. R.C.

Richard Seneral Mesident

PRESIDENT DATE

PRESIDENT DATE

PROPERTY OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROPERTY OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04/ 826-40

☐ Change

☐ Addition

Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90271 016 ***150.00