


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000028150

1. Entity Name
ANGEL FALLS ENTERPRISES, INC.



20028182

Principal Place of Business 2952 N.W. 99TH TERRACE SUNRISE, FL 33322	Mailing Address 2952 N.W. 99TH TERRACE SUNRISE, FL 33322
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2. Principal Place of Business <i>40 Via Firenze Way</i>	3. Mailing Address <i>40 Via Firenze Way</i>
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>



CHECK HERE IF MAKING CHANGES

City & State <i>DAVIE, FL 8</i>	City & State <i>DAVIE, FL</i>	Zip <i>33325</i>	Country <i>USA</i>
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4. FEI Number 65-0921108	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

MATOS, LISA
90 VIA FIRENZA WAY
DAVIE, FL 33325

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 date if applicable. (NOTE: Registered Agent's signature required when changing) DATE _____

	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATOS, LISA 90 VIA FIRENZA WAY FORT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, 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 *Lisa Matos* **Lisa Matos** 4/2/03 (954) 407-9057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (10/02)