

ANNUAL REPORT (AR)

DOCUMENT # P99000051186

1. Entity Name

BOB & ANGEL HOLDING COMPANY, INC.



FILED
Apr 13, 2007 08:00 AM
Secretary of State

Principal Place of Business

2665 SOUTH PARK RD
PEMBROKE PARK FL 33009

Mailing Address

2665 SOUTH PARK RD
PEMBROKE PARK FL 33009



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number

65-0965585

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CICALESE, ROBERT
2665 SOUTH PARK ROAD
PEMBROKE PARK FL 33009

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

Robert Cicalese

ROBERT CICALESE

4/10/07

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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
P
CICALESE, ROBERT
1010 S OCEAN BLVD
POMPAHO BEACH FL 33062 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Robert Cicalese
ROBERT CICALESE

Date

Daytime Phone #

000000703605
04/20/07-80145-021 150.00

4/10/07 954/923 0056