


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S06349</b> 1. Entity Name <b>IRIS &amp; ANGEL CORP.</b>		
Principal Place of Business <b>20129 SW 123RD DRIVE MIAMI, FL 33177</b>		Mailing Address <b>20129 SW 123RD DRIVE MIAMI, FL 33177</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>VASQUEZ, IRIS 13832 SW 256TH ST HOMESTEAD, FL 33032-3831</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 reappointing) <small>Signature, typed or printed name of registered agent and title if applicable</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VASQUEZ, IRIS 29129 SW 123RD DRIVE MIAMI, FL 33177	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VASQUES, ANGEL 20127 SW 126 CT MIAMI, FL 33177	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>IRIS VASQUEZ</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0221865</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

000000313341  
05/08/08-80012-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

*4/7/08* *305-253-3113*  
Date Daytime Phone #