

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000026664

**Entity Name:** ANGELINA MARIE, INC

**Current Principal Place of Business:**

1412 W WATERS AVE  
201  
TAMPA, FL 33614

**FILED**  
**Apr 10, 2014**  
**Secretary of State**  
**CC9691387738**

**Current Mailing Address:**

PO BOX 341885  
TAMPA, FL 33694 US

**FEI Number:** 27-2199207

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PEREZ, MARIE  
8900 N ARMINIA AVE  
302  
TAMPA, FL 33604 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name PEREZ, MARIE  
Address 8900 N ARMINIA AVE # 302  
City-State-Zip: TAMPA FL 33604

Title P  
Name RODRIGUEZ, JUAN A  
Address 426 W WATERS AVENUE # 302  
City-State-Zip: TAMPA FL 33604

Title VP  
Name RODRIGUEZ, JOSE J  
Address 8900 N ARMINIA AVE # 302  
City-State-Zip: TAMPA FL 33604

Title VP  
Name RODRIGUEZ, JESUS J  
Address 8900 N ARMINIA AVE # 302  
City-State-Zip: TAMPA FL 33604

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PEREZ MARIE

VP

04/10/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date