


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 758712 1. Entity Name ARANGO DESIGN FOUNDATION, INC.	
---	---

Principal Place of Business 3900 LOQUAT AVE. MIAMI, FL 33135	Mailing Address 3900 LOQUAT AVE. MIAMI, FL 33135
--	--



03102005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2139450	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent

HAMPTON, MARK
3900 LOQUAT AVE.
MIAMI, FL 33135

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARTINEZ, MARICARMEN 3528 ROYAL PALM AVENUE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HAMPTON, MARK 3900 LOQUAT AVENUE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ABBATE, ANTHONY J 1222 SE 1 ST FORT LAUD FORT LAUDERDALE, FL 33303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GONZALEZ, RENE 1571 PENNSYLVANIA AV APT 6 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000263080
03/14/05-80077-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Mark Hampton MARK HAMPTON 3.10.05 (305) 443-6946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #