2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758712

FILED Jul 16, 2008 Secretary of State

Entity Name: ARANGO DESIGN FOUNDATION INC.

Current P	rincipal Place of Business:	New Principal Place of Business:	
707 SW : //IAMI, FL			
Surrent M	lailing Address:	New Mailing Address:	
707 SW : IIAMI, FL			
	: 59-2139450 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation di	FEI Number Not Applicable () Certificate of Status Desired not receive the prior notice.	d()
lame and	d Address of Current Registered Agent	Name and Address of New Registered Agent:	
RUSSELL 707 SW : MAMI, FL	51 ST		
	e named entity submits this statement for t e of Florida.	ne purpose of changing its registered office or registered agent,	or both
the Stat	e of Florida.	ne purpose of changing its registered office or registered agent,	or both
the Stat	e of Florida.		or both
n the Stat SIGNATU	e of Florida. ´ RE:		
the Stat	e of Florida. RE: Electronic Signature of Registered	Agent Date	
the State IGNATU FFICER tle: ame: ddress:	e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: S () Delete RUSSELL, MARIANNE 5707 SW 51 ST	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIF Title: () Change () Addition Name: Address:	
the State GNATU FFICER ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: S () Delete RUSSELL, MARIANNE 5707 SW 51 ST MIAMI, FL 33155 TD () Delete GONZALEZ, JACQUELINE 444 BRICKELL AVE SUITE 808	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIF Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID RUSSELL P 07/16/2008