

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000007743

1. Entity Name

AMIGOS POR LA SALUD, INC.



Principal Place of Business

2715 24TH STREET W
BRADENTON, FL 34205-5225

Mailing Address

2715 24TH STREET W
BRADENTON, FL 34205-5225



02202006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1707389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

DUARTE, ROLANDO
461 SW 89 CT
MIAMI, FL 33174

**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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000530954
05/06/06-80020-014 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME SANTANA, LUCRECIA C
STREET ADDRESS 13360 SW 5TH STREET
CITY - ST - ZIP MIAMI, FL 33184

TITLE V
NAME DUARTE, JULIO
STREET ADDRESS 2715-24 STREET WEST
CITY - ST - ZIP BRADENTON, FL 34205

TITLE ST
NAME DUARTE, LETICIA
STREET ADDRESS 443 ALBENGA RD NW
CITY - ST - ZIP PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Julio Duarte 4/21/06 292-9578