

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 A**  
**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**

**DO NOT WRITE IN THIS SPACE**

04152007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**06-1707389**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee 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 resigning)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
**P  
SANTANA, LUCRECIA C  
13360 SW 5TH STREET  
MIAMI, FL 33184**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
DUARTE, JULIO  
2715-24 STREET WEST  
BRADENTON, FL 34206**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
DUARTE, LETICIA  
443 ALBENGA RD NW  
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**

000000715504  
04/27/07-80068-003 61.25

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 #

*Lucricia C. SANTANA* 4/15/07 (305) 224-1179