

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000004101**

1. Entity Name  
**FUNDACION MANUEL ARTIME CORP.**



Principal Place of Business  
**8230 N.W. 163 ST.  
MIAMI LAKES, FL 33016-6153**

Mailing Address  
**8230 N.W. 163 ST.  
MIAMI LAKES, FL 33016-6153**



05232008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0769053**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ARRIZURIETA, LUIS  
8230 N.W. 163 ST.  
MIAMI LAKES, FL 33016-6153**

**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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000952678  
06/04/08-80098-028 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARTIME, ADELAIDA 1581 BRICKELL AVE APT PH 201 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VED MESSER, NILO J 7801 SW 29 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARRIZURIETA, LUIS ✓ 8230 NW 163 ST MIAMI LAKES, FL 330166153
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, FELIX I 215 NE 114 STREET MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLEDO, RAFAEL G 9130 SW 134TH PLACE MIAMI, FL 331861534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARRIZURIETA, LUIS JR 12827 NW 23 STREET PEMBROKE PINES, FL 33028

**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

5/30/2008 8225593  
Date Daytime Phone #

*Luis Arrizurieta*