

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90521 018 ****61.25

DOCUMENT # N99000002266

1. Entity Name

ARMENGOL MEMORIAL FOUNDATION, INC.



Principal Place of Business

4445 WEST 16TH AVENUE
SUITE 403
HIALEAH FL 33012

Mailing Address

4445 WEST 16TH AVENUE
SUITE 403
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0915274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMENGOL, SALVADOR
4445 WEST 16TH AVENUE
SUITE 403
HIALEAH FL 33012

Name

Street Address (P.O. Box Number is Not Acceptable)

4445 W 16th Ave #504

City

HIALEAH

FL

Zip Code
33012

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

4-21-2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARMENGOL, SALVADOR ☐ Delete
STREET ADDRESS 4445 WEST 16TH AVENUE
CITY-ST-ZIP HIALEAH FL 33012

TITLE SD
NAME NICOLAS, FRANCISCA ☐ Delete
STREET ADDRESS 31 W 29 ST 7
CITY-ST-ZIP HIALEAH FL 33012

TITLE TD
NAME DALMACES, MARIA A ☐ Delete
STREET ADDRESS 31 W 29 ST 7
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ARMENGOL, Salvador' ☒ Change ☐ Addition
STREET ADDRESS 3641 W 2nd Ave
CITY-ST-ZIP HIALEAH, FL 33012

TITLE NAME NICOLAS, Francisca ☒ Change ☐ Addition
STREET ADDRESS 3641 W 2nd Ave
CITY-ST-ZIP HIALEAH, FL 33012

TITLE NAME ARMENGOL, Maria A ☒ Change ☐ Addition
STREET ADDRESS 3641 W 2nd Ave
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

4-21-2004 (305-5573153)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #