

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90323 022 \*\*\*\*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

**4445 W 16th Ave #504**

Suite, Apt. #, etc.  
**504**

City & State

**HIALEAH FL**

Zip

**33012**

Country

**Dade**

3. Mailing Address

**4445 W 16th Ave**

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

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

**ARMENGOL, SALVADOR  
4445 W 16TH AVE.  
#504  
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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** ☐ Delete  
NAME **ARMENGOL, SALVADOR**  
STREET ADDRESS **3641 W 2ND AVE.**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **SD** ☐ Delete  
NAME **NICOLAS, FRANCISCA**  
STREET ADDRESS **3641 W 2ND AVE.**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **TD** ☐ Delete  
NAME **ARMENGOL, MARIA A**  
STREET ADDRESS **3641 W 2ND AVE.**  
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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05

305-5573153

Date

Daytime Phone #