

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90015 030 ***150.00

DOCUMENT # P99000025597

1. Entity Name

ARTUGAL, INC.



Principal Place of Business

7368 NW 12TH ST.
MIAMI FL 33126

Mailing Address

7368 NW 12TH ST.
MIAMI FL 33126

54012571



MOORE CR2E034 (11/03)

2. Principal Place of Business

8501 NW 17 st

Suite, Apt. #, etc.

101

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Address

8501 NW 17 st

Suite, Apt. #, etc.

101

City & State

Miami, FL

Zip

33126

Country

USA

4. FEI Number

65-0416408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MESA, MANUEL A
1000 BRICKELL AVE STE 660
MIAMI FL 33131

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SANDOVAL, MANUEL V
STREET ADDRESS 7368 NW 12TH ST.
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☐ Delete
NAME SANDOVAL, AURORA
STREET ADDRESS 7368 NW 12TH ST.
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☐ Delete
NAME SANDOVAL, JOHAN
STREET ADDRESS 7368 NW 12TH ST.
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☐ Delete
NAME SANDOVAL, SANDY
STREET ADDRESS 7368 NW 12TH ST
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 607, 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:

Sandy J Sandoval
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04 (786) 845-9343
Date Daytime Phone #