

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025597

Entity Name: ARTUGAL, INC.

FILED  
Jul 01, 2005  
Secretary of State

## Current Principal Place of Business:

8501 NW 17 ST  
101  
MIAMI, FL 33126

## New Principal Place of Business:

1740 NW 93 AVE  
DORAL, FL 33172

## Current Mailing Address:

8501 NW 17 ST  
101  
MIAMI, FL 33126

## New Mailing Address:

1740 NW 93 AVE.  
DORAL, FL 33172

FEI Number: 65-0416408

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SANDOVAL, MANUEL V  
Address: 7368 NW 12TH ST.  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: SANDOVAL, AURORA  
Address: 7368 NW 12TH ST.  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: SANDOVAL, JOHAN  
Address: 7368 NW 12TH ST  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: SANDOVAL, SANDY  
Address: 7368 NW 12TH ST  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY M. SANDOVAL

TREA

07/01/2005

Electronic Signature of Signing Officer or Director

Date