

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000025597

1. Entity Name
ARTUGAL, INC.



Principal Place of Business

**1740 NW 93 AVE
DORAL, FL 33172**

Mailing Address

**1740 NW 93 AVE.
DORAL, FL 33172**

DO NOT WRITE IN THIS SPACE



07062006 No Chg-P CR2E034 (11/05)

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**

**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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000568631
07/10/06-80001-013 150.00

**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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/06/05 (786) 845-9343

Date

Daytime Phone #