

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 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**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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	

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01/19/07-80067-006 150.00

**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:

Sandy M Sandoval; **Sandy M Sandoval** 1/16/07 (786) 845 9343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #