

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

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

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, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SANDOVAL, MANUEL V	
STREET ADDRESS	7368 NW 12TH ST.	
CITY- ST- ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDOVAL, AURORA	
STREET ADDRESS	7368 NW 12TH ST.	
CITY- ST- ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDOVAL, JOHAN	
STREET ADDRESS	7368 NW 12TH ST	
CITY- ST- ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDOVAL, SANDY	
STREET ADDRESS	7368 NW 12TH ST	
CITY- ST- ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11000000807831
02/07/08-80024-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Sandoval
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08 (786)845-9343
Date Day: mo Year: #