

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025597

Entity Name: ARTUGAL, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

1740 NW 93 AVE  
DORAL, FL 33172

## New Principal Place of Business:

14729 SW 5 STREET  
PEMBROKE PINES, FL 33027

## Current Mailing Address:

1740 NW 93 AVE  
DORAL, FL 33172

## New Mailing Address:

14729 SW 5 STREET  
PEMBROKE PINES, FL 33027

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

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: D (X) Change ( ) Addition  
Name: SANDOVAL, MANUEL V  
Address: 4972 SW 164 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change ( ) Addition  
Name: SANDOVAL, AURORA  
Address: 4972 SW 164 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change ( ) Addition  
Name: SANDOVAL, JOHAN  
Address: 4972 SW 164 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Change ( ) Addition  
Name: SANDOVAL, SANDY  
Address: 4972 SW 164 AVE  
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/20/2009

Electronic Signature of Signing Officer or Director

Date