

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006978

**Entity Name:** FUNDACION ALTAGRACIANOS INC.

**Current Principal Place of Business:**

2646 ARRON COURT  
KISSIMMEE, FL 34744

**Current Mailing Address:**

2646 ARRON COURT  
KISSIMMEE, FL 34744 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VARGAS, JUAN SR.  
2646 ARRON COURT  
KISSIMMEE, FL 34744 US

*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

**Officer/Director Detail :**

Title PRES  
Name COMAS, SERVANDO SR.  
Address 2938 CASABELLA DRIVE  
City-State-Zip: KISSIMMEE FL 34744

Title TREA  
Name TAVAREZ, LUIS SR  
Address 3801 BRIARWOOD ESTATE CIRCLE  
City-State-Zip: ST. CLOUD FL 34772

Title TRUS  
Name SOTO, ANGEL SR.  
Address 270 WATERS EDGE DRIVE  
City-State-Zip: KISSIMMEE FL 34743

Title TRUS  
Name VARGAS, JUAN SR  
Address 2646 ARRON COURT  
City-State-Zip: KISSIMMEE FL 34744

Title SEC  
Name ALMANZAR, MAGNOLIA  
Address 313 OCEANSIDE COURT  
City-State-Zip: KISSIMMEE FL 34743

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SERVANDO COMAS

**PRESIDENT**

**05/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date