


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000017968 1. Entity Name ARGO INVESTMENTS, LLC	
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Principal Place of Business 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133	Mailing Address 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133
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04222008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0891353	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

RIQUEZES, JULIO J SR.  
128 MORNING SIDE DRIVE  
CORAL GABLES, FL 33133

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIQUEZES, JULIO J SR. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARIZTOY, AMAYA MS. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLANCO, MARIA E MS. QTA. CLAUDIA, CALLE ISAVA, URB. ORIPOTO CARACAS, EDO. MIRANDA, DF 1080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE RATMIROFF, MARINA C MS. QTA. CLAUDIA, CALLE ISAVA, URB. ORIPOTO CARACAS, EDO. MIRANDA, DF 1080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000922118  
05/15/08-80033-025 138.75

**DO NOT WRITE IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  / Julio Riquezes Date: 4/21/08 Daytime Phone #: (305) 7535888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE