


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90001 037 ***150.00

DOCUMENT # L82757
 1. Entity Name
ARGENTO CORPORATION



Principal Place of Business
**792 RIDGEWOOD RD.
 KEY BISCAVNE FL 33149
 US**

Mailing Address
**792 RIDGEWOOD RD.
 KEY BISCAVNE FL 33149
 US**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
432 Woodcrest Rd

3. Mailing Address
432 Woodcrest Rd

Suite, Apt. #, etc.

City & State
Key Biscayne FL

City & State
Key Biscayne FL

Zip
33149 Country

Zip
33149 Country

4. FEI Number **65-0203643** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LORET DE MOLA, GUY
 432 WOODCREST RD.
 KEY BISCAVNE FL 33149**

7. Name and Address of New Registered Agent

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

TITLE D	<input type="checkbox"/> Delete
NAME LORET DE MOLA, GUY	
STREET ADDRESS 432 WOODCREST RD.	
CITY-ST-ZIP KEY BISCAVNE FL	
TITLE D	<input type="checkbox"/> Delete
NAME LORET DE MOLA, SIMONETTA	
STREET ADDRESS 432 WOODCREST RD.	
CITY-ST-ZIP KEY BISCAVNE FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 5/29/2005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #