

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90428 038 ***150.00

DOCUMENT # P02000103577
 1. Entity Name
 ARGENCOL US CARPENTRY CORP.



Principal Place of Business
 17660 NW 67 AVENUE #1617
 MIAMI LAKES, FL 33015

Mailing Address
 17660 NW 67 AVENUE #1617
 MIAMI LAKES, FL 33015



2. Principal Place of Business
 731 SW 94th TERR
 Suite, Apt. #, etc.

3. Mailing Address
 731 SW 94th TERR
 Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State
 P. PINES FL

City & State
 P. PINES FL

Zip Country
 33025

Zip Country
 33025

4. FEI Number
 51-0424737

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ZAMBRANO, BIBIANO
 731 SW 94TH TERRACE
 HOLLYWOOD, FL 33025

7. Name and Address of New Registered Agent
 Name GUSTAVO A. AYALA
 Street Address (P.O. Box Number is Not Acceptable)
 731 SW 94th TERR
 City PEMBROKE PINES FL Zip Code 33025

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 _____ DATE 04/27/04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	AYALA, GUSTAVO A	
STREET ADDRESS	17660 NW 67 AVENUE #1617	
CITY-ST-ZIP	SUNRISE, FL 33015	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	731 SW 94th TERR	
CITY-ST-ZIP	P. PINES FL 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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		
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: _____ DATE 04/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR