

FILED
Jun 12, 2003 8:00 am
Secretary of State

05-05-2003 91894 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO2-000 103577
 1. Entity Name
ARGENCOL US CARPENTRY CORP. *(12/30/02)*

DO NOT WRITE IN THIS SPACE

55047721

2. Principal Place of Business
17660 NW 67 Avenue #1617
 Suite, Apt. #, etc.

3. Mailing Address
17660 NW 67 Avenue #1617
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Lakes, FL
 Zip Country
33015 USA

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4. FEI Number
51-0424737 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name BIDIANA ZAMBRANO
 Street Address (P.O. Box Number is Not Acceptable)
731 SW 94TH TERRACE
 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 BIDIANA ZAMBRANO

4/30/03

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$560.00
 Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P Ayala, Gustavo A.</u> <u>17660 NW 67th Avenue # 1617</u> <u>Miami Lakes, FL 33015</u>
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gustavo Ayala
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2003 305-698-1129
 Date Daytime Phone #