

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 01, 2009  
Secretary of State**

DOCUMENT# P05000108335

Entity Name: ARGENDREAMS CORP

**Current Principal Place of Business:**

22 EAST FLAGLER STREET  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

3118 N.W. 99 PLACE  
DORAL, FL 33172

**New Mailing Address:**

FEI Number: 20-3271169      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DI LENA, ROBERTO N  
3981 ADRA AVENUE  
DORAL, FL 33178      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P, D      ( ) Delete  
Name: ARES, HECTOR G  
Address: 3118 N.W. 99 PLACE  
City-St-Zip: DORAL, FL 33172

Title: VP,      ( ) Delete  
Name: BUSTOS, ANITA  
Address: 3118 N.W. 99 PLACE  
City-St-Zip: DORAL, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA BUSTOS

VP

02/01/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date