## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000141098

Entity Name: ARGAMAR CORP.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2889 MCFARLANE RD UNIT 1910 COCONUT GROVE, FL 33133

Current Mailing Address: New Mailing Address:

2889 MCFARLANE RD MSC 223 SUITE 112
UNIT 1910 100 GRAND BOULEVARD
COCONUT GROVE, FL 33133 SAN JUAN, PR 00926

FEI Number: 66-0665025 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VILLNUEVA VERONICA,

2889 MCFARLANE RD

UNIT 1910

COCONUT GROVE, FL 33133 US

VILLANUEVA, VERONICA I

2889 MCFARLANE RD

UNIT 1910

COCONUT GROVE, FL 33133 US

COCONUT GROVE, FL 33133 US

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: VERONICA VILLANUEVA 04/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: MUNA, ARMANDO Name: MUNS, ARMANDO

 Address:
 2889 MCFARLANE RD - UNIT 1910
 Address:
 2889 MCFARLANE RD - UNIT 1910

 City-St-Zip:
 COCONUT GROVE, FL 33133
 City-St-Zip:
 COCONUT GROVE, FL 33133

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 VILLANUEVA, VERONICA
 Name:

 Address:
 2889 MCFARLANE RD - UNIT 1910
 Address:

 City-St-Zip:
 COCONUT GROVE, FL 33133
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ARMANDO MUNS MR 04/27/2006