

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141098

FILED
Mar 24, 2009
Secretary of State

Entity Name: ARGAMAR CORP.

Current Principal Place of Business:

2889 MCFARLANE RD
UNIT 1910
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

MSC 223 SUITE 112
100 GRAND BOULEVARD, LOS PASEOS
SAN JUAN, PR 00926

New Mailing Address:

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

Name and Address of Current Registered Agent:

VILLANUEVA, VERONICA I
2889 MCFARLANE RD
UNIT 1910
COCONUT GROVE, FL 33133 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: D () Delete
Name: MUNS, ARMANDO
Address: 2889 MCFARLANE RD - UNIT 1910
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: VILLANUEVA, VERONICA
Address: 2889 MCFARLANE RD - UNIT 1910
City-St-Zip: COCONUT GROVE, FL 33133

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: VERONICA VILLANUEVA

MRS

03/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date