

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90044 004 ***150.00

DOCUMENT # P06000124859

1. Entity Name
 ARGENDUCT, INC.



Principal Place of Business
 7946 EAST DRIVE
 APT # 308
 NORTH BAY VILLAGE, FL 33141

Mailing Address
 7946 EAST DRIVE
 APT # 308
 NORTH BAY VILLAGE, FL 33141



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5629218	Applied For Not Applicable
-----------------------------	-------------------------------

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

6- Name and Address of Current Registered Agent

DUBS, EDUARDO
 7946 EAST DRIVE
 APT. #308
 NORTH BAY VILLAGE, FL 33141

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME	DUBS, EDUARDO
STREET ADDRESS	7946 EAST DRIVE, APT#308
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *EdUARDO DUBS* EDUARDO DUBS 2/26/08 (305)423-5694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 PRESIDENT