


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90066 017 \*\*\*150.00

**DOCUMENT # P06000133709**

1. Entity Name  
**ARGOS CONSTRUCTION INC.**



Principal Place of Business  
**9771 N.W. 29TH STREET**  
**MIAMI, FL 33172**

Mailing Address  
**9771 N.W. 29TH STREET**  
**MIAMI, FL 33172**

**60053916**



2. Principal Place of Business - No P.O. Box #  
**80 S.W. 8th Street**

3. Mailing Address  
**80 S.W. 8th Street**

Suite, Apt. #, etc.  
**Suite 2047**

Suite, Apt. #, etc.  
**Suite 2047**

07242007 Chg-P CR2E034 (12/06)

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**20-5757203**

Applied For  
 Not Applicable

Zip  
**33130**

Country  
**USA**

Zip  
**33130**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARCE, PABLO**  
**9771 N.W. 29TH STREET**  
**MIAMI, FL 33172**

Name  
**SKRLD, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**201 Alhambra Circle**  
**Suite 1102**

City  
**Coral Gables**

**FL** Zip Code  
**33134**

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  **OSCAR R. RIVERA, DIRECTOR** **7/24/07**  
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**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**P**  Delete

NAME  
**ARCE, PABLO**

STREET ADDRESS  
**9771 NW 29TH ST**

CITY-ST-ZIP  
**MIAMI, FL 33172**

TITLE  
**VP of Operations/D**  Change  Addition

NAME  
**ARCE, PABLO**

STREET ADDRESS  
**80 S.W. 8th Street, Suite 2047**

CITY-ST-ZIP  
**Miami, Florida 33130**

TITLE  
**S/T**  Delete

NAME  
**MARTIN, HEATHER**

STREET ADDRESS  
**9771 N.W. 29TH ST**

CITY-ST-ZIP  
**MIAMI, FL 33172**

TITLE  
**P/S/CEO/D**  Change  Addition

NAME  
**GORY, MICHAEL**

STREET ADDRESS  
**80 S.W. 8th Street, Suite 2047**

CITY-ST-ZIP  
**Miami, Florida 33130**

TITLE  
 Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
**D**  Change  Addition

NAME  
**PERULLI, CAROLINE ANN**

STREET ADDRESS  
**c/o Stanley Schleger, 4779 Collins Ave.,**  
**Apt. 602**

CITY-ST-ZIP  
**Miami Beach, Fla. 33147**

TITLE  
 Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
**D**  Change  Addition

NAME  
**IRVING, SHARON**

STREET ADDRESS  
**6 Prince Patrick Lane**  
**Palm Coast, Florida 32164**

CITY-ST-ZIP

TITLE  
 Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
**D**  Change  Addition

NAME  
**LEX, GABRIELLA**

STREET ADDRESS  
**c/o Stanley Schleger, 4779 Collins Ave.,**  
**Miami Beach, Fla. 33147**  
**Apt. 602**

CITY-ST-ZIP

TITLE  
 Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:  **MICHAEL GORY, President** **7/25/07** **305-423-7049**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #