

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133709

FILED  
Mar 07, 2008  
Secretary of State

Entity Name: ARGOS CONSTRUCTION INC.

**Current Principal Place of Business:**

80 SW 8TH STREET  
SUITE #2047  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

80 SW 8TH STREET SUITE  
SUITE #2047  
MIAMI, FL 33130

**New Mailing Address:**

80 SW 8TH STREET  
SUITE #2047  
MIAMI, FL 33130

FEI Number: 20-5757203

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SKRLD INC  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 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: VOOD ( ) Delete  
Name: ARCE, PABLO  
Address: 80 SW 8TH STREET SUITE #2047  
City-St-Zip: MIAMI, FL 33130

Title: S/T (X) Delete  
Name: MARTIN, HEATHER  
Address: 9771 N.W. 29TH ST  
City-St-Zip: MIAMI, FL 33172

Title: PSCD ( ) Delete  
Name: GORY, MICHAEL  
Address: 80 SW 8TH STREET SUITE #2047  
City-St-Zip: MIAMI, FL 33130

Title: D ( ) Delete  
Name: PERULLI, CAROLINE  
Address: C/O STANLEY SCHLEGER 4779 COLLINS AVE #602  
City-St-Zip: MIAMI BEACH, FL 33147

Title: D ( ) Delete  
Name: IRVING, SHARON  
Address: 6 PRINCE PATRICK LANE  
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete  
Name: LEX, GABRIELLA  
Address: C/O STANLEY SCHLEGER 4779 COLLINS AVE #602  
City-St-Zip: MIAMI BEACH, FL 33147

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

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

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

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

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

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: MICHAEL GORY

Electronic Signature of Signing Officer or Director

P

03/07/2008

Date