

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133709

FILED
Apr 22, 2009
Secretary of State

Entity Name: ARGOS CONSTRUCTION INC.

Current Principal Place of Business:

80 SW 8TH STREET
SUITE #2804
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

80 SW 8TH STREET
SUITE #2804
MIAMI, FL 33130

New Mailing Address:

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 #2804
City-St-Zip: MIAMI, FL 33130

Title: PSCD () Delete
Name: GORY, MICHAEL
Address: 80 SW 8TH STREET SUITE #2804
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:

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

04/22/2009

_____ Date