


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90451 027 \*\*\*150.00

**DOCUMENT # P97000049987**

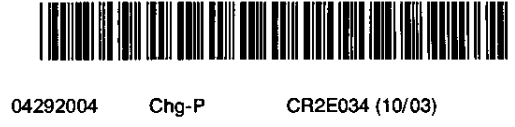
1. Entity Name  
**ARGEN FOODS, INC.**



Principal Place of Business <b>11689 REXMERE BLVD          FORT LAUDERDALE, FL 33325</b>	Mailing Address <b>11689 REXMERE BLVD          FT. LAUDERDALE, FL 33325</b>
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2. Principal Place of Business <b>3820 NW 120 WAY</b> Suite, Apt. #, etc.	3. Mailing Address <b>3820 NW 120WAY</b> Suite, Apt. #, etc.
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City & State <b>SUNRISE FL</b>	City & State <b>SUNRISE FL</b>
Zip <b>33323</b>	Zip <b>33323</b>
Country <b>Broward</b>	Country <b>Broward</b>



**6. Name and Address of Current Registered Agent**

**SINE, ANGEL A**  
**11689 REXMERE BLVD**  
**FT. LAUDERDALE, FL 33325**

4. FEI Number  
**65-0772983**

Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**

Name **ANGEL A. SINE**

Street Address (P.O. Box Number is Not Acceptable)  
**3820 NW 120 WAY**

City **SUNRISE** State **FL** Zip Code **33323**

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 \_\_\_\_\_ DATE **04/29/2004**

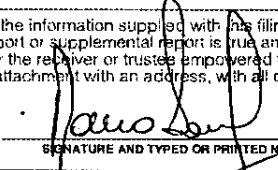
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	SINE, ANGEL A <input type="checkbox"/> Delete	TITLE PD	ANGEL A. SINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINE, ANGEL A	NAME	ANGEL A. SINE
STREET ADDRESS	11689 REXMERE BLVD	STREET ADDRESS	3820 NW 120 WAY
CITY-ST-ZIP	FT. LAUDERDALE, FL 33325	CITY-ST-ZIP	SUNRISE FL 33323
TITLE	S <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABBI, NIEVES V	NAME	NIEVES V. GABBI
STREET ADDRESS	11689 REXMERE BLVD	STREET ADDRESS	3820 NW 120 WAY
CITY-ST-ZIP	FT. LAUDERDALE, FL 33325	CITY-ST-ZIP	SUNRISE FL 33323
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **4-29-2004** DAYTIME PHONE #: **(954) 274-0816**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR