


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000049987	
1. Entity Name ARGEN FOODS, INC.	

Principal Place of Business 3820 NW 120 WAY SUNRISE, FL 33323	Mailing Address 3820 NW 120 WAY SUNRISE, FL 33323
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DO NOT WRITE IN THIS SPACE



04292007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0772983	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SINE, ANGEL A
3820 NW 120 WAY
SUNRISE, FL 33323**

**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 *Angel Sine* DATE *04/30/07*

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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINE, ANGEL A 3820 NW 120 WAY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GABBI, NIEVES V 3820 NW 120 WAY SUNRISE, FL 33323
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05/23/07-80038-005 150.00

**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: *Angel Sine* DATE *04/30/07* DAYTIME PHONE # *(954) 274-0816*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #