

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 91045 040 ***158.75

DOCUMENT # P03000024635 1. Entity Name ARGOSINO-DEGUZMAN CORP.					
Principal Place of Business 42 PINE TREE DRIVE PALM COAST, FL 32164			Mailing Address 42 PINE TREE DRIVE PALM COAST, FL 32164		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 14-1888666			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DE GUZMAN, FERDINAND G 752 SHERWOOD TERRACE DRIVE APT. 209 ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	P DE GUZMAN, FERDINAND G 752 SHERWOOD TERRACE DRIVE APT.209 ORLANDO, FL 32818	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DE GUZMAN FERDINAND G. 1125 CLIMBING ROSE DRIVE ORLANDO, FL 32818	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARGOSINO, MARIA GERALDINE O 752 SHERWOOD TERRACE DRIVE APT.209 ORLANDO, FL 32818	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. DE GUZMAN, MARIA GERALDINE A. 1125 CLIMBING ROSE DRIVE ORLANDO, FL 32818	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					