FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000004973

1. Entity Name
ARGENTECH, INC.

Principal Place of Business	Mailing Address
2805 EAST OAKLAND PARK BLVD., SUITE 600 FORT LAUDERDALE, FL 33306	2805 EAST OAKLAND PARK BLVD., SUITE 600 FORT LAUDERDALE, FL 33306

DO NOT WRITE IN THIS SPACE

04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0271894
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEWMAN, JAY
2805 EAST OAKLAND PARK BLVD , SUITE 600
FORT LAUDERDALE, FL 33306

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 _____
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, 2004 Fee will be $550.00

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

U00000153533
05/04/04-80130-017 158.75

10.	OFFICERS AND DIRECTORS
TITLE	PST
NAME	NEWMAN, JAY
STREET ADDRESS	2805 EAST OAKLAND PARK BLVD . #600
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	CD
NAME	NEWMAN, JAY
STREET ADDRESS	2805 EAST OAKLAND PARK BLVD , #600
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: JAY NEWMAN 4-30-04 954-462-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #