

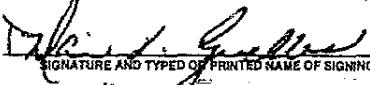


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # K52769 1. Entity Name ARGUELLES INVESTMENTS, INC.			
Principal Place of Business 2733 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		Mailing Address 2733 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE			
		03112004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0088940	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGUELLES, DONATO J 2733 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1100000148819 05/03/04-80160-025 150.00	
TITLE	D		
NAME	ARGUELLES, DONATO J		
STREET ADDRESS	565 REINANTE AVE		
CITY-ST-ZIP	CORAL GABLES, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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:  MARIA V. ARGUELLES		Date: 4/28/04	Daytime Phone #: 305 444-8007