


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90320 020 ****50.00

DOCUMENT # L04000089190	
1. Entity Name ARGOS AMERICA HOLDING, LLC	

Principal Place of Business 6303 BLUE LAGOON DRIVE SUITE 140 MIAMI, FL 33126 US	Mailing Address 6303 BLUE LAGOON DRIVE SUITE 140 MIAMI, FL 33126 US
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2. Principal Place of Business - No P.O. Box # 6505 BLUE LAGOON DR	3. Mailing Address 6505 BLUE LAGOON DR
Suite, Apt. #, etc. 440	Suite, Apt. #, etc. 440

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33126	Country U.S.A.
Country U.S.A.	Zip 33126

04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2186904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent RESTREPO, DIEGO L ESQ. 547 MAJORCA AVENUE CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABELLO, CAMILO <input type="checkbox"/> Delete 6303 BLUE LAGOON DRIVE, SUITE 140 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABELLO, CAMILO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6505 BLUE LAGOON DR, STE 440 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLESCHE, ERIC <input type="checkbox"/> Delete 6303 BLUE LAGOON DRIVE, SUITE 140 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLESCHE, ERIC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6505 BLUE LAGOON DR, STE 440 MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Eric Flesch

4/26/07 (305) 267 0643