

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90133 043 ****50.00

DOCUMENT # L05000017968 1. Entity Name ARGO INVESTMENTS, LLC					
Principal Place of Business 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133			Mailing Address 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		



01302006		Chg-LLC		CR2E083 (11/05)	
4. FEI Number 55-0891353				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIQUEZES, JULIO J SR. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		

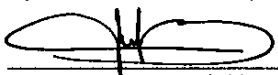
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME	RIQUEZES, JULIO J SR.		NAME				
STREET ADDRESS	128 MORNING SIDE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP				
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME	ARIZTOY, AMAYA MS.		NAME				
STREET ADDRESS	128 MORNING SIDE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP				
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME	BLANCO, MARIA E MS.		NAME				
STREET ADDRESS	QTA. CLAUDIA, CALLE ISAVA, URB. ORIPOTO		STREET ADDRESS				
CITY-ST-ZIP	CARACAS, EDO. MIRANDA, DF 1080		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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:  **Julio Riquezes** **MANAGING MEMBER** **2/1/06** **(305) 3535288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #