2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 10: 10

DOCUMENT # L05000088580

1. Entity Name
ARGUETTY CAPITAL US 1 LLC

Principal Place of Business	Mailing Address
617 NORTH 21ST AVENUE HOLLYWOOD, FL 33020	C/O MITCHELL S. POLANSKY 2665 S. BAYSHORE DRIVE STE 703 MIAMI, FL 33133

04242006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		2665 S. Bayshore Drive	
Suite, Apt #, etc.		Suite, Apt #, etc. Suite 703	
City & State		City & State Miami, FL	
Zip	Country	Zip 33133	Country USA

4. FEI Number 20-3444083 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

POLANSKY, MITCHELL S ESQ
2665 SOUTH BAYSHORE DRIVE STE 703
MIAMI, FL 33133

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) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARGUETTY ASSET MANAGEMENT, INC. 2665 S BAYSHORE DRIVE STE 703 MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Arguetty Asset Management, Inc. 617 N. 21st Avenue Hollywood, FL 33020	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200075220122 05/25/06--01008--008 **1061.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Isaac Arguetty 4/25/06 (954) 929-5803

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