2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M47077

1. Entity Name

ARGEN CONTRACTING CORPORATION



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

1991 MONKS CT

WEST PALM BEACH, FL 33415

Mailing Address

1991 MONKS CT

WEST PALM BEACH, FL 33415



04212008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0039431 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CORIA, OSCAR A 1991 MONKS CT WEST PALM BEACH, FL 33415

DO NOT WRITE IN THIS SPACE

	·			IN,	I HIS SP	AUE	
	named entity submits this statement for the p tions of registered agent	urpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Flor	ida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title in	applicable. (NOTE: Registered	t Agent signature	required when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	<u> </u>	38210	
10.	OFFICERS AND DIREC	TORS			05/27/08-8	0080-022 158.	75
TITLE NAME STREET ADDRESS CITY-SY-ZIP	P CORIA, OSCAR A 1991 MONKS CT WEST PALM BEACH, FL 33415						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	,						d Carry
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	
TITLE NAME STREET ADDRESS							

12. 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 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:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-23 - D

Daytime Phone #