2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000093745

1. Entity Name
ARGO MANAGEMENT INC.

Principal Place of Business	Mailing Address
4961 SW 74 COURT MIAMI, FL 33155	4961 SW 74 COURT MIAMI, FL 33155

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03082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1046532
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ALEX C
4961 SW 74 COURT
MIAMI, FL 33155

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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: Angel Rodriguez 3/8/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000099797
03/31/04-80020-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, ALEX C
STREET ADDRESS	1459 ROBBIA AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	STD
NAME	RODRIGUEZ, ISABEL V
STREET ADDRESS	1459 ROBBIA AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VP
NAME	RODRIGUEZ, ANGEL R
STREET ADDRESS	820 JERONIMO DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VP
NAME	RODRIGUEZ, VIVIAN
STREET ADDRESS	8891 SW. 82ND ST.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VP
NAME	RODRIGUEZ, ROY E
STREET ADDRESS	5941 SW. 46TH ST.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Angel Rodriguez 3/8/04 (305) 666-0044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #