

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116465

FILED
Jan 30, 2009
Secretary of State

Entity Name: ARGUEMED PAYROLL SERVICES, INC.

Current Principal Place of Business:

6605 NW 74TH AVENUE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6605 NW 74TH AVENUE
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-1070628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARGUELLES, MICHAEL
6605 NW 74TH AVENUE
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ARGUELLES, MICHAEL
Address: 12854 NW 7 ST
City-St-Zip: MIAMI, FL 33182

Title: D () Delete
Name: MEDINA, RICK
Address: 15555 SW 54TH STREET
City-St-Zip: MIAMI, FL 33185

Title: D () Delete
Name: MAYMON, CHARLES
Address: 5137 NW 123RD AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: MEDINA, RAUL JR
Address: 7870 SW 74 ST
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUL MEDINA JR

D

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date