2005 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Apr 29, 2005 8:00 am Secretary of State
DOCUMENT # P01000037972 1. Entity Name ARGALI, INC.					Secretary of State 04-29-2005 90223 007 ***150.00
Principal Place of Business 7875 SW 104 ST 103 MIAMI, FL 33156		Mailing Address 7875 SW 104 ST 103 MIAMI, FL 33156			-  
	lace of Business	3. Mailing Address		······	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For
City & State					65-1115238 Not Applicable
Zip	Country 6. Name and Address of Curren		Country		5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent
FRENDES 11330 S.W MIAMI, FL	. 92 STREET		Name STELLA PRENDES Street Address (P.O. Box Number is Not Acceptable) TOTS SW 104 St. SUITE 103 MUAMI City MIAMI FL Zip Code 3315C		
the obligati SIGNATURE_ FILI	ions of registered agent.	nt and litle if applicable, (NO 9. Election Campa	E: Registered Age	nt signature required	ered agent, or both, in the State of Florida. I am familiar with, and accept ad when reinstaling) DATE 5.00 May Be ded to Fees
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PRENDES, RYAN J 11330 S.W. 92 STREET MIAMI, FL 33176	Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS 7	ESIDENT Change Addition ENDES ALEXANDER 75 SW'IOY STREET SULTE 103 AMI TE 33152
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRENDES, RYAN J 11330 S.W. 92 STREET MIAMI, FL 33176	Delete	TITLE NAME STREET AD CITY-ST-2	DDRESS 7	AMI TZ 33152 PRESIDENT X Change Addition LENDES STELLS X Change Addition VENDES STELLS X Change Addition VENDES STELLS X Change Addition VENDES STELLS X Change Addition
title Name Street adoress City-St-Zip		Delete	TITLE NAME STREET AD CITY-ST-2	DDRESS	Change Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delete	TITLE NAME STREET AD CITY-ST-2		Change 🖸 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗋 Delete	TITLE NAME STREET AD CITY-ST-2		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET AD CITY-ST-2		🗋 Change 📋 Addition
12. I hereby c indicated of the cor changed, SIGNAT	on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	ith this filing does not qualify for t is true and accurate and that powered to execute this repor s, with all other like empowered with all other like empowered B PENTIED NAME OF SIGNING OFFICE	my signature t as required I t.	ion stated in Se shall have the by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director I7, Florida Statutes; and that my name appears in Block 10 or Block 11 if $\frac{42.105}{Date} = 300 + 271 - 8763$