

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90249 009 \*\*\*150.00

DOCUMENT # P01000037972	
1. Entity Name	
ARGALI, INC.	



Principal Place of Business	Mailing Address
7875 SW 104 ST 103 MIAMI FL 33156	7875 SW 104 ST 103 MIAMI FL 33156



2. Principal Place of Business	3. Mailing Address
18001 OLD CUTLER RD.	18001 OLD CUTLER RD.
Suite, Apt. #, etc. 476	Suite, Apt. #, etc. 476

1st MOORE CR2E034 (10/05)

City & State	City & State
PALMETTO BAY FL	PALMETTO BAY FL
Zip	Zip
33157	33157
Country	Country
USA	USA

4. FEI Number	Applied For
65-1115238	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	
PRENDES, STELLA 7875 SW 104 STREET SUITE 103 MIAMI FL 33176	

7. Name and Address of New Registered Agent	
Name PRENDES, STELLA	
Street Address (P.O. Box Number is Not Acceptable) 18001 OLD CUTLER RD SUITE 476	
City	Zip Code
PALMETTO BAY FL	33157

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	DATE
<i>Stella Prendes</i>	4/25/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	PRENDES, ALEXANDER
STREET ADDRESS	7875 SW 104 STREET, SUITE 103
CITY-ST-ZIP	MIAMI FL 33156
TITLE	<input type="checkbox"/> Delete
NAME	PRENDES, STELLA
STREET ADDRESS	7875 SW 104 STREET, SUITE 103
CITY-ST-ZIP	MIAMI FL 33156
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRENDES, ALEXANDER
STREET ADDRESS	18001 OLD CUTLER RD SUITE 476
CITY-ST-ZIP	PALMETTO BAY FL 33157
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRENDES, STELLA
STREET ADDRESS	18001 OLD CUTLER RD, SUITE 476
CITY-ST-ZIP	PALMETTO BAY FL 33157
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:	DATE	DAYTIME PHONE #
<i>Stella Prendes</i>	4/25/06	(306) 234-200 v
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		