


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90384 046 \*\*\*150.00

DOCUMENT # P01000037972	
1. Entity Name ARGALI, INC.	

Principal Place of Business 18001 OLD CUTLER RD 476 MIAMI, FL 33157	Mailing Address 18001 OLD CUTLER RD 476 103 MIAMI, FL 33157
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2. Principal Place of Business - No P.O. Box # 18955 SW 168 St	3. Mailing Address 18955 SW 168 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL
Zip 33187	Zip 33187
Country US	Country US



04092008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1115238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRENDES, STELLA 18001 OLD CUTLER RD SUITE 476 MIAMI, FL 33157	7. Name and Address of New Registered Agent Name: Stella Prendes Street Address (P.O. Box Number is Not Acceptable): 18955 SW 168 St. City: Miami FL Zip Code: 33187
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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: Stella Prendes Stella Prendes 4/9/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing <input checked="" type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRENDES, ALEXANDER 18001 OLD CUTLER RD SUITE 476 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18955 SW 168 St. Miami, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRENDES, STELLA 18001 OLD CUTLER RD SUITE 476 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18955 SW 168 St. Miami, FL 33187
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stella Prendes 4/9/08 305-234-3004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #