

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083910

Entity Name: CARMEN ARGAMASILLA, INC.

FILED  
Feb 13, 2012  
Secretary of State

**Current Principal Place of Business:**

1825 PONCE DE LEON BLVD., #304  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

1825 PONCE DE LEON BLVD.,  
#304  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

1825 PONCE DE LEON BLVD., #304  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

1825 PONCE DE LEON BLVD.,  
#304  
CORAL GABLES, FL 33134 US

FEI Number: 65-1146962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARGAMASILLA, CARMEN  
417 ALEDO AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

ARGAMASILLA, CARMEN R  
1825 PONCE DE LEON BLVD.,  
#304  
CORAL GABLES, FL 33134 US

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: CARMEN ARGAMASILLA

02/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ARGAMASILLA, CARMEN R  
Address: 1825 PONCE DE LEON BLVD., #304  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: ARGAMASILLA, PEPIN  
Address: 1825 PONCE DE LEON BLVD., #304  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: CARMEN ARGAMASILLA

D

02/13/2012

Electronic Signature of Signing Officer or Director

Date