

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P02000004184

1. Entity Name
ARGENTA TRAVEL, CORP.



Principal Place of Business
**169 E. FLAGLER ST., STE. #1534
MIAMI, FL 33131**

Mailing Address
**169 E. FLAGLER ST., STE. #1534
MIAMI, FL 33131**



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0031970

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NICENBOIM, JOSE E
169 E. FLAGLER ST., STE. #1534
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

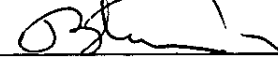
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04/07/08-80037-008-150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRAUSS, BERNARDO
STREET ADDRESS	169 E. FLAGLER ST., STE. #1534
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VD
NAME	STRAUSS, DIEGO H
STREET ADDRESS	169 E. FLAGLER ST., STE. #1534
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SD
NAME	STRAUSS, DENISE
STREET ADDRESS	169 E. FLAGLER ST., STE. #1534
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	TD
NAME	STRAUSS, NATALI
STREET ADDRESS	169 E. FLAGLER ST., STE. #1534
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____