2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM DOCUMENT # P02000110183 **Secretary of State** 1. Entity Name INTERARGO USA INC. Principal Place of Business Mailing Address 3696 N FEDERAL HWY STE 303 FT LAUDERDALE FL 33308 3696 N FEDERAL HWY STE 303 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 55-0801690 Not Applicat Zip Zφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mame BUSINESS FILINGS INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE FL 32301-2960 City Zip Code 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 Signature, typed or printed name of registered agent and little if applicable INOTE Registered Agent signature required when reinstaling FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May & After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change TITLE ☐ Delete TITLE UPCHURCH, ROBERT NAME MAME STREET ADDRESS 3696 N FEDERAL HWY STE 303 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 101 158.75 ☐ Delete TITLE THIE ☐ Change 🔲 Additio NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change III Admi TITLE Derete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE! ☐ Change Action NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-7IP CITY-ST-ZIP T Addition Delete URF! Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THLE Change Addini NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP 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:

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01/27/2006

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FILED