2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90206 001 ***150.00

54039050

DOCUMENT # P02000120851

1. Entity Name
ARGENT FINANCIAL SOLUTIONS INC.

Principal Place of Business	Mailing Address
123 N.W. 13TH STREET SUITE 208 BOCA RATON, FL 33432	123 N.W. 13TH STREET SUITE 208 BOCA RATON, FL 33432

04202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
601 NORTH CONGRESS AVE	601 NORTH CONGRESS AVE
Suite, Apt. #, etc.: SUITE 425	Suite, Apt. #, etc.: SUITE 425
City & State: DELRAY BEACH, FL	City & State: DELRAY BEACH, FL
Zip: 33445 Country: USA	Zip: 33445 Country: USA

4. FEI Number: 16-1639221 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPILFOGEL, JEFFREY
15763 CYPRESS PARK DR.
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name: HERMAN SPILFOGEL
Street Address (P.O. Box Number is Not Acceptable): 601 NORTH CONGRESS AVE
SUITE 425
City: DELRAY BEACH **FL** Zip Code: 33445

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: HERMAN SPILFOGEL [signature] 4/20/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPILFOGEL, JEFFREY 15763 CYPRESS PARK DR. WELLINGTON, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 601 NORTH CONGRESS AVE SUITE 425 DELRAY BEACH, FL 33445	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HERMAN SPILFOGEL 601 NORTH CONGRESS AVE SUITE 425 DELRAY BEACH, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] HERMAN SPILFOGEL 4/20/04 561-362-7726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #