


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91033 020 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000003269</b> 1. Entity Name <b>ARGO CARGO, INC.</b>	
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Principal Place of Business <b>10044 PREMIER PARKWAY MIRAMAR, FL 33025</b>	Mailing Address <b>10044 PREMIER PARKWAY MIRAMAR, FL 33025</b>
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04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

A. FEI Number <b>38-3670512</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent

**BOREN, BARRY M  
9200 S DADELAND BLVD STE 42  
MIAMI, FL 33156**

**DO NOT WRITE IN THIS SPACE**

9. 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-electing.

<b>FILE NUMBER FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURRAY, DAN 1700 PACIFIC AVE 1A SAN FRANCISCO, CA 94109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PROPSOM, JASON 1880 VENICE PARK DR #108 NO MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOLTHOUSE, TODD 619 25 AVE #10 SAN FRANCISCO, CA 94121
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(c), 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 fee collector 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 an other fee empowered.

SIGNATURE:  DATE: **4/29/04** **954-431-5100**  
SIGNATURE AND PRINTED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR