2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

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1. Entity Name
ARG 1 REAL ESTATE MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
7922 LA MIRADA DRIVE BOCA POINTE BOCA RATON, FL 33422 US	7922 LA MIRADA DRIVE BOCA POINTE BOCA RATON, FL 33422 US

02112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0737483

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LESCHT, PAULA MRS.
773 JEFFERY ST
APT. 105
BOCA RATON, FL 33587

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000477343
04/06/06-80048-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOMEZ-ALAYON, ANDRES MR.
STREET ADDRESS	EXT. VILLA CAPARRA, C 2 CALLE FLORENCIA
CITY-ST-ZIP	GUAYNABO, PR 00966
TITLE	S
NAME	LOPEZ DEL VALLE, NELIA B MRS.
STREET ADDRESS	EXT. VILLA CAPARRA, C 2 CALLE FLORENCIA
CITY-ST-ZIP	GUAYNABO, PR 00966
TITLE	T
NAME	GOMEZ-LOPEZ, ANDRE R MR.
STREET ADDRESS	EXT. VILLA CAPARRA, C 2 CALLE FLORENCIA
CITY-ST-ZIP	GUAYNABO, PR 00966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Andres Gomez Alayon 3/2/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #