

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000085081

1. Entity Name

ARG 1 REAL ESTATE MANAGEMENT CORPORATION



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

Mailing Address
7922 LA MIRADA DRIVE
BOCA POINTE
BOCA RATON FL 33422
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **76-0737483**

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
GOMEZ-ALAYON, ANDRES MR. ☐ Delete
EXT. VILLA CAPARRA, C 2 CALLE FLORENCIA
GUAYNABO PR 00966

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U00000636701
02/26/07-80029-018 150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
LOPEZ DEL VALLE, NELIA B MRS. ☐ Delete
EXT. VILLA CAPARRA, C 2 CALLE FLORENCIA
GUAYNABO PR 00966

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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GOMEZ-LOPEZ, ANDRE R MR. ☐ Delete
EXT. VILLA CAPARRA, C 2 CALLE FLORENCIA
GUAYNABO PR 00966

TITLE
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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 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 to this address, with all other like empowered.

SIGNATURE:

Andre R Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-07

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