

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90166 027 \*\*\*150.00

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<b>DOCUMENT # P03000115272</b> 1. Entity Name <b>ARGENTAMY CORP.</b>			
Principal Place of Business <b>6937 BAY DRIVE</b> <b>APT # 204</b> <b>MIAMI BEACH, FL 33141</b>		Mailing Address <b>6937 BAY DRIVE</b> <b>APT # 204</b> <b>MIAMI BEACH, FL 33141</b>	
2. Principal Place of Business <b>2935 NE 143 St</b> <small>Suite, Apt. #, etc.</small> <b># 6-A</b>		3. Mailing Address <b>2935 NE 143 St</b> <small>Suite, Apt. #, etc.</small> <b># 6-A</b>	
City & State <b>Miami Beach FL</b>		City & State <b>Miami Beach FL</b>	
Zip <b>33140</b>		Zip <b>33140</b>	
Country 		Country 	
4. FEI Number <b>77-0611423</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARTINEZ, NOEMI ISABEL</b> <b>6937 BAY DRIVE</b> <b>APT # 204</b> <b>MIAMI BEACH, FL 33141</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MARTINEZ, NOEMI ISABEL</b> <input type="checkbox"/> Delete <b>1026 SW 9 STREET</b> <b>MIAMI, FL 33130</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>AYILA, HESTOR E</b> <input type="checkbox"/> Delete <b>6937 BAY DRIVE APT # 204</b> <b>MIAMI BEACH, FL 33141</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, both of which I am empowered.			
<b>SIGNATURE:</b>		Date <b>04/24/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	