2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P04000022350

1. Entity Name ARGENTANGO GRILL OF CORAL GABLES, INC.

Principal Place of Business

SIGNATURE:

1822 YOUNG CIRCLE HOLLYWOOD, FL 33020 US Mailing Address

1822 YOUNG CIRCLE HOLLYWOOD, FL 33020

US

FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90157 004 ***150.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For
Not Applicable

5. Certificate of Status Desired

04262006

\$8.75 Additional Fee Required

CR2E034 (11/05)

JCHPA REGISTERED AGENTS INC. **2730 SW 3 AVENUE** SUITE 401 MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

4-26-06

Daytime Phone #

Date

No Cha-P

the obligat	named entity submits this statement for the pations of registered agent.	ourpose of changing its register	ed office or	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	ed Agent signatur	e required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HO, IVAN R 1822 YOUNG CIRCLE HOLLYWOOD, FL 33020					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HO, YING 1822 YOUNG CIRCLE HOLLYWOOD, FL 33020					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP)				
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 trusted employered 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 ap address, with all furter like employered.						

NTED NAME OF SIGNING OFFICER OR DIRECTOR