

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136159

Entity Name: ARGOS, INC.

FILED
May 19, 2005
Secretary of State

Current Principal Place of Business:

2425 SOUTH DALE MABRY HIGHWAY
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2425 SOUTH DALE MABRY HIGHWAY
TAMPA, FL 33629

New Mailing Address:

FEI Number: 42-1644413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERLMAN, JOSEPH N
1101 BELCHER ROAD SOUTH, SUITE B
LARGO, FL 33771 US

Name and Address of New Registered Agent:

ARGOTE, GUIDO
2425 SOUTH DALE MABRY HIGHWAY
TAMPA, FL 33629 US

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.

SIGNATURE: GUIDO ARGOTE

05/19/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARGOTE, GUIDO
Address: 2425 SOUTH DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: PEREYRA, SALLY G
Address: 2425 SOUTH DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: ARGOTE, LUIS
Address: 2425 SOUTH DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUIDO ARGOTE

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05/19/2005

Electronic Signature of Signing Officer or Director

Date