2005 FOR PROFIT CORPORATION

FILED Jun 22, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000142966** 05-04-2005 90189 020 ***150.00

1. Enlity Name
ARGUELLO CORPORATION Principal Place of Business Mailing Address 66023560 14500 SW 280TH ST 14500 SW 280TH ST HOMESTEAD, FL 33032 HOMESTEAD, FL 33032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 CR2E034 (10/03) Applied For 20- 1751 280 City & State City & State Not Applicable Country \$8.75 Additional Fee Required Zip Country Zio 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ____ NARVAEZ, IVETHE Street Address (P.O. Box Number is Not Acceptable)_ 14500 SW 280TH ST HOMESTEAD, FL 33032 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 Florica. I am familiar with, and accept the obligations of registered agent. (NOTE: regulated Agent signature required when remosting) DATE 9. Election Campaign Financing FILE NOWIII FEE'IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. MAE Charge Addition TILE . Detete NARVAEZ, IVETHE NUME NAME STREET ADDRESS 14500 SW 280TH ST #59 STREET ADDRESS HOMESTEAD, FL 33032 CTY-ST-ZP Q114-21-28 Delete TITLE ☐ Change ☐ Addition DTI F NAME MALAF STREET ADDRESS STREET ACCRESS DTY-ST-ZP CITY-51-21P TILE Charge Addition C Detecte TIRE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP COTY-ST-DP TRE ☐ Change ☐ Attrition C) Delete DRE NUF NAME STREET ADORESS STREET ADDRESS CATA-21-736 CTTY-ST-ZP Debete TITLE ☐ Change ☐ Addition TITLE MALE STREET ADDRESS STREET ADDRESS C41Y-S1-7P CATY-ST-ZIP ΠTFF Delete TITLE ☐ Chance ☐ Addition NAME STREET ACCRESS STREET ADDRESS C114-S1-22 C1Y-S1-ZP 12. I hereby certify that the information supplied with this Ning does not qualify 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 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 Ivethe SIGNATURE:

FEI # 20-17512