


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90238 031 \*\*\*150.00

<b>DOCUMENT # P04000142966</b>	
1. Entity Name <b>ARGUELLO CORPORATION</b>	


Principal Place of Business <b>14500 SW 280TH ST 59 HOMESTEAD, FL 33032 US</b>	Mailing Address <b>14500 SW 280TH ST 59 HOMESTEAD, FL 33032 US</b>
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2. Principal Place of Business <b>34945 SW 187th Ct Suite, Apt. #, etc. #60</b>	3. Mailing Address <b>34945 SW 187th Ct Suite, Apt. #, etc. #60</b>
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City & State <b>Homestead</b>	City & State <b>Homestead, FL</b>
Zip <b>33034</b>	Country <b>FL, US</b>
Zip <b>33034</b>	Country <b>US</b>

6. Name and Address of Current Registered Agent <b>NARVAEZ, IVETHE 14500 SW 280TH ST 59 HOMESTEAD, FL 33032</b>	
7. Name and Address of New Registered Agent Name <b>Narvaez Iveth</b> Street Address (P.O. Box Number is Not Acceptable) <b>34945 SW 187th Ct #60</b> City <b>Homestead</b> FL Zip Code <b>33034</b>	

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.

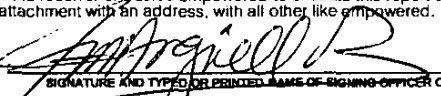
SIGNATURE  DATE **04/24/06**

Signature of agent or principal name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NARVAEZ, IVETHE</b>		NAME	
STREET ADDRESS <b>14500 SW 280TH ST #59</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HOMESTEAD, FL 33032</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Narvaez Iveth</b>		NAME	
STREET ADDRESS <b>34945 SW 187th Ct #60</b>		STREET ADDRESS	
CITY-ST-ZIP <b>Homestead, FL 33034</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE  DATE **04/24/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR