

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2007 8:00 am
Secretary of State

05-07-2007 90053 023 ***150.00

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1. Entity Name
ARGUELLO CORPORATION



Principal Place of Business
**34945 SW 187TH ST
#60
HOMESTEAD, FL 33034 US**

Mailing Address
**34945 SW 187TH ST
#60
HOMESTEAD, FL 33034 US**



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1751280

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NARVAEZ, IVETHE
34945 SW 187TH ST. #60
HOMESTEAD, FL 33034**

**DO NOT WRITE
IN THIS SPACE**

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 [Signature] DATE 05/31/07
Signature, typed or printed name of registered agent and the fee applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NARVAEZ, IVETHE
STREET ADDRESS	34945 SW 187TH CT #60
CITY- ST- ZIP	HOMESTEAD, FL 33034
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: [Signature] DATE 05/31/07 DAYTIME PHONE # 305-246-7944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR