

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134006

Entity Name: ARGOS USA CORP.

FILED  
Mar 08, 2006  
Secretary of State

## Current Principal Place of Business:

6303 BLUE LAGOON DRIVE  
SUITE 140  
MIAMI, FL 33126 US

## New Principal Place of Business:

## Current Mailing Address:

6303 BLUE LAGOON DRIVE  
SUITE 140  
MIAMI, FL 33126 US

## New Mailing Address:

FEI Number: 98-0469794      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RESTREPO, DIEGO L ESQ.  
547 MAJORCA AVENUE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D, P ( ) Delete  
Name: VELEZ, JOSE ALBERTO  
Address: 6303 BLUE LAGOON DRIVE, SUITE 140  
City-St-Zip: MIAMI, FL 33126 US

Title: D,VP ( ) Delete  
Name: YEPES, CARLOS RAUL  
Address: 6303 BLUE LAGOON DRIVE, SUITE 140  
City-St-Zip: MIAMI, FL 33126

Title: D, T ( ) Delete  
Name: SIERRA, RICARDO A  
Address: 6303 BLUE LAGOON DRIVE, SUITE 140  
City-St-Zip: MIAMI, FL 33126 US

Title: D,VP ( ) Delete  
Name: FLESCH, ERIC  
Address: 6303 BLUE LAGOON DRIVE, SUITE 140  
City-St-Zip: MIAMI, FL 33126 US

Title: VP ( ) Delete  
Name: BALLESTAS, GABRIEL  
Address: 6303 BLUE LAGOON DRIVE, SUITE 140  
City-St-Zip: MIAMI, FL 33126 US

Title: S ( ) Delete  
Name: ABELLO, CAMILO  
Address: 6303 BLUE LAGOON DRIVE, SUITE 140  
City-St-Zip: MIAMI, US 33126 US

## 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:

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 Chapter 119, 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: JOSE ALBERTO VELEZ

P

03/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date