


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90048 006 ***158.75

DOCUMENT-# P06000055092		
1. Entity Name ARGUS MORTGAGE INC.		

Principal Place of Business 86 SW 9TH AVE. BOCA RATON, FL 33486	Mailing Address 86 SW 9TH AVE. BOCA RATON, FL 33486
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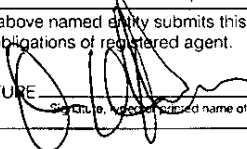
2. Principal Place of Business - No P.O. Box # 86 SW 9th Ave	3. Mailing Address 398 SE Mizner Blvd Suite, Apt. #, etc. # 1905
City & State Boca Raton, FL	City & State Boca Raton FL
Zip 33486	Country USA
Zip 33432	Country USA



02282007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4792313		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LAWARE, CHRISTOS A 86 SW 9TH AVE. BOCA RATON, FL 33486		
7. Name and Address of New Registered Agent Name Dominick DiVencenzo Street Address (P.O. Box Number is Not Acceptable) 398 SE Mizner Blvd unit 1905 City Boca Raton, FL Zip Code 33432		

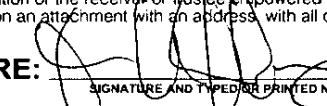
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Dominick DiVencenzo** P **2/20/07**
(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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWARE, CHRISTOS A 86 SW 9TH AVE. BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dominick DiVencenzo 398 SE Mizner Blvd unit 1905 Boca Raton, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIVENCENZO, DOMINICK A 86 SW 9TH AVE. BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Dominick DiVencenzo** **2/20/07** **954 592 0291**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #