

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90066 017 ***150.00

DOCUMENT # P06000133709

1. Entity Name
ARGOS CONSTRUCTION INC.



Principal Place of Business
**9771 N.W. 29TH STREET
MIAMI, FL 33172**

Mailing Address
**9771 N.W. 29TH STREET
MIAMI, FL 33172**

60053916



2. Principal Place of Business - No P.O. Box #
80 S.W. 8th Street

3. Mailing Address
80 S.W. 8th Street

Suite, Apt. #, etc.
Suite 2047

Suite, Apt. #, etc.
Suite 2047

07242007 Chg-P CR2E034 (12/06)

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
20-5757203

Applied For
☐ Not Applicable

Zip
33130

Country
USA

Zip
33130

Country
USA

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

6. Name and Address of Current Registered Agent

**ARCE, PABLO
9771 N.W. 29TH STREET
MIAMI, FL 33172**

7. Name and Address of New Registered Agent

Name
SKRLD, INC.

Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle

Suite 1102

City
Coral Gables

FL

Zip Code
33134

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]

OSCAR R. RIVERA, DIRECTOR

7/24/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARCE, PABLO 9771 NW 29TH ST MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MARTIN, HEATHER 9771 N.W. 29TH ST MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP of Operations/D ARCE, PABLO 80 S.W. 8th Street, Suite 2047 Miami, Florida 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/CEO/D GORY, MICHAEL 80 S.W. 8th Street, Suite 2047 Miami, Florida 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERULLI, CAROLINE ANN c/o Stanley Schleger, 4779 Collins Ave., Miami Beach, Fla. 33147 Apt. 602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRVING, SHARON 6 Prince Patrick Lane Palm Coast, Florida 32164	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEX, GABRIELLA c/o Stanley Schleger, 4779 Collins Ave., Miami Beach, Fla. 33147 Apt. 602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:

[Signature]

MICHAEL GORY, President

7/25/07 305-423-7049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #