

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105070

Entity Name: ARGALUSA CORP.

FILED
Mar 21, 2006
Secretary of State

Current Principal Place of Business:

808 BRICKELL KEY DRIVE
UNIT 1903
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

2101 BRICKELL AV
APT. 2703
MIAMI, FL 33129

New Mailing Address:

FEI Number: 65-0884014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA 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: PD () Delete
Name: CABARCOS, ARTURO
Address: 808 BRICKELL KEY DR., #1903
City-St-Zip: MIAMI, FL 33131

Title: VPD () Delete
Name: DE CABARCOS, GABRIELA G
Address: 808 BRICKELL KEY DRIVE #1903
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: CABARCOS, LUCIANA
Address: 808 BRICKELL KEY DRIVE #1903
City-St-Zip: MIAMI, FL 33131

Title: TD () Delete
Name: CABARCOS, SANTIAGO
Address: 808 BRICKELL KEY DRIVE #1903
City-St-Zip: MIAMI, FL 33131

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:

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: GRACIELA MCDONALD

OFF

03/21/2006

Electronic Signature of Signing Officer or Director

Date