2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000049449

1. Entity Name
ARG INVESTMENTS, INC.

Principal Place of Business	Mailing Address
7270 NW 12 ST PH 9 MIAMI, FL 33126	C/O RICARDO A GONZALEZ 7270 NW 12 STREET PH9 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

03252004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0964976	Not Applicable

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

6. Name and Address of Current Registered Agent

RICARDO A. GONZALEZ & ASSOCIATES, P.A.
RICARDO A. GONZALEZ, P.A.
7270 NW 12TH STREET, PENTHOUSE 9
MIAMI, FL 33126

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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 _____ 03/26/04

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
After May 1, 2004 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D and President
NAME	GONZALEZ, RICARDO A
STREET ADDRESS	7270 NW 12 ST, PH 9
CITY-ST-ZIP	MIAMI, FL 33126

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ President 03/26/04 (305) 591-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #