


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90016 018 ****70.00

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1. Entity Name
CENTRO CULTURAL ARGENTINO, INC.



Principal Place of Business
**9339 NW 48 TERRACE
 MIAMI, FL 33178**

Mailing Address
**9339 NW 48 TERRACE
 MIAMI, FL 33178**

40000934



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**HEGUY, GUILLERMO L
 9339 NW 48 TERRACE
 MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HEGUY, GUILLERMO L	
STREET ADDRESS	9339 NW 48 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIAMENT, MARIO	
STREET ADDRESS	5410 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES, FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOWLAND, MAXIMO	
STREET ADDRESS	800 BRICKELL AVE PH 1	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICCHERI, LUIS M	
STREET ADDRESS	800 BRICKELL AVE PH 1	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMAN, NORBERTO M	
STREET ADDRESS	2828 SW 22 ST STE 208	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	URTIZBEREA, RAUL	
STREET ADDRESS	2276 SW 31 AVE	
CITY-ST-ZIP	CORAL GABLES, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Roman, Norberto Date: 1-10-05 (305) 381-6810

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