
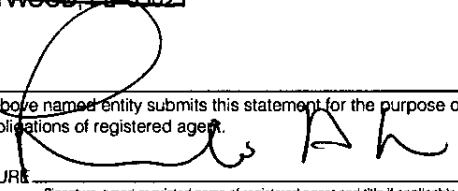
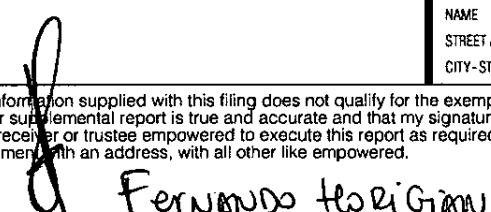


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90027 047 \*\*\*150.00

DOCUMENT # P02000065331			
1. Entity Name LA ESTANCIA ARGENTINA, CORP.			
Principal Place of Business <del>3440 HOLLYWOOD BLVD STE 360</del> HOLLYWOOD, FL 33021		Mailing Address 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021	
2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900		3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900	
City & State AVENTURA, FL		City & State AVENTURA, FL	
Zip: 33180 Country: USA		Zip: 33180 Country: USA	
4. FEI Number 42-1541112		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTH, LEONARD A <del>3440 HOLLYWOOD BLVD STE 360</del> HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name: ROTH LEONARDO A. ESQ Street Address (P.O. Box Number is Not Acceptable): 18851 NE 29th Ave Suite 900 City: AVENTURA FL Zip Code: 33180	
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:  LEONARDO A. ROTH, Esq DATE: 02/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KOJUSNER, CLAUDIO <input type="checkbox"/> Delete <del>3460 HOLLYWOOD BLVD SUITE 360</del> HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave #900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HORIGIAN, FERNANDO <input type="checkbox"/> Delete <del>3600 HOLLYWOOD BLVD SUITE 360</del> HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOJUSNER, GASTON <input type="checkbox"/> Delete <del>3460 HOLLYWOOD BLVD SUITE 360</del> HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180
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
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 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:  FERNANDO HORIGIAN, VPT		Date: 02/23/04 Daytime Phone #: 786-279-0000	