

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-26-2004 90027 048 ***150.00

DOCUMENT # P02000092054 1. Entity Name LA ESTANCIA - ARGENTINA.COM, INC.			
Principal Place of Business 3440 HOLLYWOOD BLVD. SUITE 300 HOLLYWOOD, FL 33021		Mailing Address 3440 HOLLYWOOD BLVD. SUITE 300 HOLLYWOOD, FL 33021	
2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. - 900 City & State AVENTURA, FL Zip 33180 Country USA		3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. - 900 City & State AVENTURA, FL Zip 33180 Country USA	
4. FEI Number 47-0887102		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01082004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ. 3440 HOLLYWOOD BLVD. SUITE 300 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> LEONARDO A. ROTH <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 2/23/04 <small>DATE</small> </div> </div>			
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	PD <input type="checkbox"/> Delete KOJUSNER, CLAUDIO STREET ADDRESS 3440 HOLLYWOOD BLVD. SUITE 300 CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> Delete FERNANDO, HORIGIAN STREET ADDRESS 3440 HOLLYWOOD BLVD. STE 300 CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave. Suite 900 AVENTURA FL 33180
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete KOJUSNER, GASTON STREET ADDRESS 3440 HOLLYWOOD BLVD. STE 300 CITY-ST-ZIP HOLLYWOOD, FL 33021	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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 2/23/04 786-279-0000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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