2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763953

FILED May 05, 2006 Secretary of State

Entity Name: SOCIEDAD ARGENTINA EN MIAMI, INC.

Current Principal Place of Business: New Principal Place of Business:

5201 NW 7TH ST 511 MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

5201 N.W. 7TH STREET #511 MIAMI, FL 33126

FEI Number: 59-2215828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COFINO, JOSEFINA P ESQ 807 SW 25TH AVE #210 MIAMI, FL 33135 US

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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 CACCAMO, PEDRO,
 Name:
 CACCAMO, PEDRO,

 Address:
 5201 N.W. 7 STR-APT 511
 Address:
 5201 N.W. 7 STR-APT 511

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 MIAMI, FL 33126

Title: VD () Delete Title: VD (X) Change () Addition Name: MARINO, ALFREDO Name: LOPEZ GARZON, ZALO

Address: 5199 NW 7TH ST APT #515 Address: 5201 N.W. 7 STR-APT 511
City-St-Zip: MIAMI, FL 33126 US City-St-Zip: MIAMI, FL 33126

Title: TD () Delete Title: TD (X) Change () Addition Name: PIACENTI, GALDTS B Name: WILLIAMS, ELBA M

Address: 1990 SW 94 AVE Address: 5201 N.W. 7 STR-APT 511
City-St-Zip: MIAMI, FL 33165 City-St-Zip: MIAMI, FL 33126

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 BARDONI, CÀRLOS
 Name:
 BARDONI, CÀRLOS

 Address:
 8893 FOINTANBLEAU BLVD #201
 Address:
 5201 N.W. 7 STR-APT 511

City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33126

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO CACCAMO PD 05/05/2006