


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90022 020 ****61.25

DOCUMENT # F02000005180		
1. Entity Name KAIROS COMMUNITY, INC.		
Principal Place of Business JOSE MARMOL 1734 BUENOS AIRES, ARGENTINA, 1602		Mailing Address 5465 NW 36 STREET MIAMI, FL 33166

00000001



2. Principal Place of Business		3. Mailing Address		03142005	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 98-0383057		Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZIRENA, JOSE C 5465 NW 36 STREET MIAMI, FL 33166		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADILLA, CARLOS RENE <input type="checkbox"/> Delete O'HIGGINS 281, GENERAL PACHECO BUENO AIRES, ARGENTINA, 1617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Padilla, Carlos Rene <input type="checkbox"/> Change <input type="checkbox"/> Addition O'Higgins 281, General Pacheco Buenos Aires, Argentina, 1617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOTH, ESTEBAN MARCOS <input type="checkbox"/> Delete LA PAMPA 1602 16B-CAPITAL BUENOS AIRES, ARGENTINA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ruella, Oscar Luis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ricardo Barlesina S/N, Rio Ceballos Cordoba, Argentina
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUELLA, OSCAR LUIS <input type="checkbox"/> Delete RICARDO BARLESINA S/N-RIO CEBALLO CORDOBA ARGENTINA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V De Celis, Graciela Beatriz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition A. Sobral 789, Villa Maria Cordoba, Argentina, 5900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOMAS, MACKEY <input checked="" type="checkbox"/> Delete RAMON FALCON 4080, CAPITAL BUENOS AIRES, ARGENTINA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mondini, Luis Marcelo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition H. Yrigoyen 1265, Martinez Buenos Aires, Argentina, 1640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ECHENAGUCIA, HORACIO <input type="checkbox"/> Delete WINEBERG 4020, 1636, LA LUCILA BUENOS AIRES, ARGENTINA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Echenagucia, Horacio <input type="checkbox"/> Change <input type="checkbox"/> Addition Wineberg 4020, La Lucila Buenos Aires, Argentina, 1636
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 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: C. Rene Padilla **07 April 2005** (541) 4736-7402

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