



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F46764		
1. Entity Name RIVER PLATE PROPERTIES, INC.		
Principal Place of Business C/O TUCUMAN 2960, PLANTA BAJA BUENOS AIRES ARGENTINA,	Mailing Address 4649 PONCE DE LEON BLVD., STE 404 CORAL GABLES, FL 33146 US	
DO NOT WRITE IN THIS SPACE		 01092006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0170572		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
5. Name and Address of Current Registered Agent ALBERNI, PEDRO L 4649 PONCE DE LEON BLVD., STE 404 CORAL GABLES, FL 33146		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMILIAN, MANUEL TUCUMAN 2960 BUENOS AIRES, ARGENTINA,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMILIAN, GILDA TUCUMAN 2960 BUENOS AIRES, ARGENTINA,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.		DO NOT WRITE IN THIS SPACE
SIGNATURE: <u><i>Paul Samilian</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		000000418258 02/13/06-80086-020 150.00 1/30/06 <small>Date Daytime Phone #</small>