2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

May 26, 2006 8:00 am Secretary of State DOCUMENT # L05000046075 1. Entity Name 05-26-2006 90127 042 ****50.00 PORT ARGENTINA INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 7760 W 20TH AVENUE, SUITE 1 HIALEAH FL 33016 7760 W 20TH AVENUE, SUITE 1 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-4462923 Not Applicable \$5.00 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERBER, DANIEL J ESQ Street Address (P.O. Box Number is Not Acceptable) TURNBERRY PLAZA, SUITE 801 2875 N.E. 191ST STREET AVENTURA FL 33180 Zip Code City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. KBRAHAH BOE MGRM TITLE ☐ Delete TITLE Change Addition ABRAHAM WEINTRAUB NAME NAME 7760. W. 20th AVE, SUME! STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLEAH, PL MGRM TITLE ☐ Change DAD Addition TITLE ☐ Delete ALMA WEINTRAUB NAME NAME 7431 MIAMI VIEW OR STREET ADDRESS STREET ADDRESS MIANI BEACH, FL 33141 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MGRM Ti Change Addition TILE NATHAN SARS 18911 COLLINS AVE. # 2606 NAME STREET ADDRESS STREET ADDRESS 18LES, PL 33160 CITY-ST-ZIP CITY-ST-ZIP めるとれ Addition ☐ Defete TITLE Change TITLE NAME NAME RALD DIROGERIO 21243 NE 18+4 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33179 MIAMI Addition Change Change TILLE ☐ Delete TITLE **M**GRM NAME DAVID BRENNER NAME STREET ADDRESS 678-102 SCARLET GAL CIRCLE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SORINGS, FL 32701 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE MIGUEL RUIZ NAME NAME 160 W. 20 TANE, SUITE! STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EAH

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signeture shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: (DETYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED