2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# N03000009385

Entity Name: AMERICAN ARGENTINE ART ASSOCIATION INC

Current Principal Place of Business:

8509 SOUTH U.S.1
SUITE 6
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

8509 SOUTH U.S.1
SUITE 6
PORT ST. LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 20-0370539 **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:

ECHARREN, WALTER
4200 NORTH A1A
SUITE 1113
FORT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	ECHARREN, WALTER	
Address:	4200 NORTH A1A SUITE 1113	
City-St-Zip:	FORT PIERCE, FL 34949	
Title:	VP	( ) Delete
Name:	LEEGSTRA, ALICIA L	
Address:	4200 NORTH A1A SUITE 1113	
City-St-Zip:	FORT PIERCE, FL 34949	
Title:	S	( ) Delete
Name:	TINELLI, CARLOS	
Address:	SAN JUAN 3852	
City-St-Zip:	BUENOS AIRES, CP ARGENTINA	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WALTER ECHARREN P 05/04/2005

Electronic Signature of Signing Officer or Director — Date