2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 Al Secretary of State **DOCUMENT # P00000042247** 1. Entity Name 6403 YACHT CLUB CORPORATION Mailing Address Principal Place of Business 2999 N.E. 191ST STREET, SUITE 900 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180 AVENTURA, FL 33180 CR2E034 (11/05) 02152006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1001926 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHIFFMAN, ADAM R DO NOT WRITE 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE ROSENFELD, PEDRO G NAME U00000552454 05/15/06-80013-011 150.00 STREET ADDRESS J BONIFACIO 825 CITY-ST-ZIP BUENOS AIRES, ARGENTINA 1424, TITLE ROSENFELD, SUSANA O NAME STREET ADDRESS J BONIFACIO 825 CITY-ST-ZIP BUENOS AIRES, ARGENTINA 1424, TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. Thereby certify that the information supplied with this filling 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 true exemptions are equipmentally associated this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

005411-4346-5273

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