2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000042247

1. Entity Name

6403 YACHT CLUB CORPORATION



Principal Place of Business

2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180

Mailing Address

2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180

FILED Apr 25, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-1001926 Not Applicable

5. Certificate of Status Desired

01252007

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

No Chq-P

				IN	I NIS SPACE
	e named entity submits this statement for the putions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed harne of registered agent and title if	applicable (NOTE Registered	d Agent signature	required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	٠,		. ` .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENFELD, PEDRO G J BONIFACIO 825 BUENOS AIRES, ARGENTINA 1424,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ROSENFELD, SUSANA O J BONIFACIO 825 BUENOS AIRES, ARGENTINA 1424,				
TITLE NAME STREET AODRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, ,	en e	U00000731374 05709707-80002-017 150 0

12. Thereby 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 suppliemental 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 recepter or flustee 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 attactyneyt with an address, with all other like empowered

SIGNATURE:

TITLE 'NAME
STREET ADDRESS
CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-06-07 0

005411 -4346-5277

Daylime Phone #