
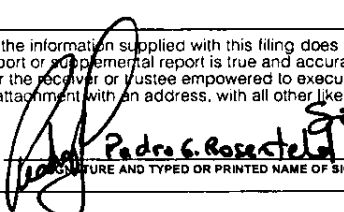


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90062 007 \*\*\*150.00

<b>DOCUMENT # P00000042247</b>			
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	
2. Principal Place of Business - No P.O. Box # 2750 NE 185th Street		3. Mailing Address 2750 NE 185th Street	
Suite, Apt. #, etc. 2nd Floor		Suite, Apt. #, etc. 2nd Floor	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180	Country	Zip 33180	Country
6. Name and Address of Current Registered Agent SCHIFFMAN, ADAM R 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Schiffman, Adam R. Street Address (P.O. Box Number is Not Acceptable) 2750 NE 185th Street 2nd Floor Aventura FL Zip Code 33180	
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) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENFELD, PEDRO G <input type="checkbox"/> Delete J BONIFACIO 825 BUENOS AIRES, ARGENTINA 1424,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ROSENFELD, SUSANA O <input type="checkbox"/> Delete J BONIFACIO 825 BUENOS AIRES, ARGENTINA 1424,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE:  Pedro G. Rosenfeld		Date: 03-20-2008	
SIGNATURE:  Susana O Rosenfeld		Daytime Phone #: 5411-4431-3361	