

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2008 90062 007 ***150.00



4



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		
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		03052008 Chg-P CR2E034 (12/06)	
City & State Aventura, FL		City & State Aventura, FL		4. FEI Number 65-1001926	
Zip 33180		Country		Applied For Not Applicable	
Zip 33180		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 J BONIFACIO 825 BUENOS AIRES, ARGENTINA 1424. <input type="checkbox"/> Delete	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 J BONIFACIO 825 BUENOS AIRES, ARGENTINA 1424. <input type="checkbox"/> Delete	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		
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		
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		
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:			Date: 03-20-2008		Daytime Phone #: 5411-4431-3361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					