

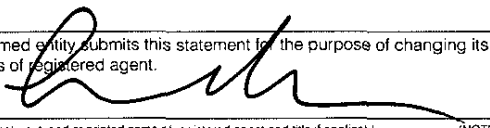
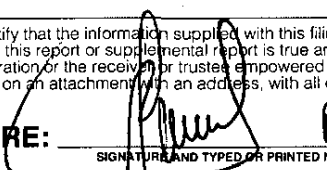


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90075 001 ***150.00

DOCUMENT # P00000069479 1. Entity Name 101 SOUTH OCEAN BUSINESS CORP.					
Principal Place of Business 3440 HOLLYWOOD BLVD. 360 HOLLYWOOD, FL 33021			Mailing Address 3440 HOLLYWOOD BLVD. 360 HOLLYWOOD, FL 33021		
2. Principal Place of Business 18851 NE 29th AV Suite, Apt. #, etc. 900		3. Mailing Address 18851 NE 29th AV Suite, Apt. #, etc. 900			
City & State AVENTURA, FLORIDA Zip 33180		City & State AVENTURA, FL Zip 33180		4. FEI Number 65-1028002	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ. 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name LEONARDO A. ROTH Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th AV, SUITE 900 City 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:  LEONARDO A. ROTH, Esq. 1/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PTS FERRACIOLI, ROBERTO RIO NEGRO 226, C.P. 8300 NEUQUEN, ARGENTINA.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERRACIOLI, ROBERTO RIO NEGRO 226, C.P. 8300 NEUQUEN, ARGENTINA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  ROBERTO FERRACIOLI 1/16/04 786-279-0000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					