


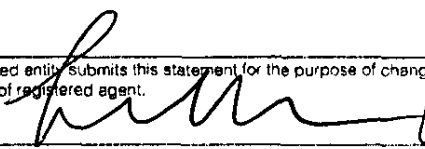
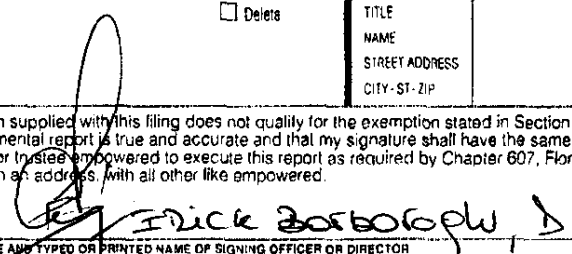
APR-01-2004 09:43

ROTH AND ROUSSO P.A.

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90480 032 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|---|---|--|--|
| DOCUMENT # P00000109116 1. Entity Name PATAGONIA EXPEDITION, INC. | |  | |
| 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 City & State AVENTURA FL Zip 33180 Country USA | | 3. Mailing Address 18851 NE 29th AV Suite, Apt. #, etc. 900 City & State AVENTURA FL Zip 33180 Country USA | |
| 4. FEI Number 65-1061408 | | Applied For <input type="checkbox"/> Not Applicable | |
| 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, #360 HOLLYWOOD, FL 33021 | | 7. Name and Address of New Registered Agent Name LEONARDO A. ROTH, ESQ Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th AV, STE 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 4-5-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)</small> <small>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 | <input type="checkbox"/> Delete DPT GEORGE BORBOROGLU, ERICK AV. CORRIENTES 753, 5A CAPITAL FEDERAL BUENOS AIRES ARGENTINA. | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete DVS SUSANA EBERLE, ANDREA AV. CORRIENTES 753, 5A CAPITAL FEDERAL BUENOS AIRES ARGENTINA. | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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:  ERICK BORBOROGLU, D <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 5/4/2004 786-279-0000 <small>Date Daytime Phone #</small> | |

44045319



01272004 Chg-P CR2E034 (10/03)