

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116965

FILED
Apr 26, 2005
Secretary of State

Entity Name: PARAFERNALIA ENTERTAINMENT COMPANY

Current Principal Place of Business:

2588 SW 27TH AVENUE
MIAMI, FL 33133

New Principal Place of Business:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

Current Mailing Address:

2588 SW 27TH AVENUE
MIAMI, FL 33133

New Mailing Address:

2121 PONCE DE LEON
1050
CORAL GABLES, FL 33134

FEI Number: 65-1064683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTIN SERVICES OF SOUTH FLORIDA, INC
2588 SW 27TH AVENUE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

CONSULTIN SERVICES OF SOUTH FLORIDA, INC
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

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.

SIGNATURE: ANTONIO GARCIA

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MADELAIRE, NELIDA A
Address: CASTEX 3365-9
City-St-Zip: BUENOS AIRES-REP ARGENTINA,

Title: PD () Delete
Name: KAUMANN, DAVID
Address: CASTEX 3365-9
City-St-Zip: BUENOS AIRES-REP ARGENTINA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MADELAIRE, NELIDA A
Address: CASTEX 3365-9
City-St-Zip: BUENOS AIRES, AR

Title: PD (X) Change () Addition
Name: KAUMANN, DAVID
Address: CASTEX 3365-9
City-St-Zip: BUENOS AIRES-, AR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KAUMANN

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date