


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90165 001 \*\*\*150.00

DOCUMENT # P02000047500  
 1. Entity Name  
 URKO, INC.



Principal Place of Business      Mailing Address  
 123 SE 3RD AVE. #282      123 SE 3RD AVE. #282  
 MIAMI, FL 33131      MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



05042004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 04-3663505      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ALFIE, FABIANA ESQ.  
 13899 BISCAYNE BLVD., SUITE 212  
 NORTH MIAMI BEACH, FL 33181

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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       DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                                    |
|----------------|------------------------------------|
| TITLE          | PD                                 |
| NAME           | DIUGONOGA, DIEGO EDUARDO           |
| STREET ADDRESS | AV CORRIENTES 5361 PISO 11 DEPTO A |
| CITY-ST-ZIP    | BUENOS AIRES, ARGENTINA,           |
| TITLE          | V                                  |
| NAME           | DIUGONGOA, JORGE MARIO             |
| STREET ADDRESS | AV CORRIENTES 5361 PISO 11 DEPTO A |
| CITY-ST-ZIP    | BUENOS AIRES, ARGENTINA,           |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |

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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:       Date: 4/30/04      Daytime Phone #: (954) 5150301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR