2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074101

City-St-Zip:

DE BUENOS AIRES ARGENTINA,

FILED May 31, 2005 Secretary of State

Entity Nar	ne: ANCHOI	RSCREW, CORP.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
MENENDE 810 EAST HIALEAH,		CORP			
Current M	ailing Addre	ss:	New Mailing Address	New Mailing Address:	
C/O MENE 810 EAST HIALEAH,		ICES CORP			
FEI Number:	74-3052211	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ROTH, LEONARDO A ESQ C/O ROTH ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021 US			MENENDEZ, MARIA L C/O 810 EAST 7 AVE HIALEAH, FL 33010	C/O 810 EAST 7 AVE	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: MARIA L MENENDEZ				05/31/2005	
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ABELLA, MAR JB ALBERDI 1) Delete IO R 8114, 4 PISO CIUDAD IRES ARGENTINA,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CANALE, SUS JB ALBERDI 1) Delete ANA E 811, 4 PISO CIUDAD IIRES ARGENTINA,	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	VSD (CANALE, MAR MEMBRILLAR		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: MARIO ABELLA PDT 05/31/2005