


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90027 048 ***150.00

DOCUMENT # P02000092054

1. Entity Name
 LA ESTANCIA - ARGENTINA.COM, INC.



Principal Place of Business
 3440 HOLLYWOOD BLVD.
 SUITE 300
 HOLLYWOOD, FL 33021

Mailing Address
~~3440 HOLLYWOOD BLVD.~~
~~SUITE 300~~
~~HOLLYWOOD, FL 33021~~

94020603

2. Principal Place of Business
 18851 NE 29th Ave
 Suite, Apt. #, etc.
 - 900

3. Mailing Address
 18851 NE 29th Ave
 Suite, Apt. #, etc.
 - 900



01082004 Chg-P CR2E034 (10/03)

City & State
 Aventura, FL

City & State
 Aventura, FL

4. FEI Number
 47-0887102

Applied For
 Not Applicable

Zip
 33180

Country
 USA

Zip
 33180

Country
 USA

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

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ.
 3440 HOLLYWOOD BLVD.
 SUITE 300
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
 BOTH LEONARDO A. ESQ

Street Address (P.O. Box Number is Not Acceptable)
 18851 NE 29th Ave. 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

DATE: 2/23/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOJUSNER, CLAUDIO <input type="checkbox"/> Delete 3440 HOLLYWOOD BLVD. SUITE 300 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FERNANDO, HORIGIAN <input type="checkbox"/> Delete 3440 HOLLYWOOD BLVD. STE 300 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOJUSNER, GASTON <input type="checkbox"/> Delete 3440 HOLLYWOOD BLVD. STE 300 HOLLYWOOD, FL 33021
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave Suite 900 Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave. Suite 900 Aventura FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29th Ave Suite 900 Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  FERNANDO HORIGIAN, VPT

DATE: 2/23/04

DAYTIME PHONE #: 786-279-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR