## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 23, 2006 8:00 am Secretary of State

DOCUMENT # P02000095198  1. Entity Name 11 SW 19 ROAD, INC.					03-23-2006 90002 023 ***150.00			
Principal Place of Business 2600 SW THIRD AVENUE SUITE 730 MIAMI, FL 33129		Mailing Address 2600 SW THIRD AVENUE SUITE 730 MIAMI, FL 33129		art of	and the second			
2. Principal Place of Business		3. Mailing Address						
Suite. Apt. #, etc.		Suite, Apt. #, etc.		02212006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Numb			oplied For ot Applicable	
Zip	Country	Zip	Country			□ \$8.75 Ad Fee Require	ditional	
	6. Name and Address of Current	1	7. Name an	Address of New F	<u>-</u>			
			Name					
GUZUMAN, MARIO TWO DATRON CENTER 9130 S.			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
DADELAND BLVD. SUITE 1504 MIAMI, FL 33156 ::								
, <u>- 33.55</u>			City	City FL Zip Code				
The above named entity submits this statement for the purpose of changing its registered office or register.					11 1 15 Oc 1 1 FB	FL		
	named entity submits this statement to ions of registered agent.	r the purpose of changing its f	egisterea onice or r	egistered agent, or bi	on, in the State of Fi	orida. Tam tammar with	ano accept	
SIGNATURE.								
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. INOTE	Registered Agent signature	required when reinstating)		DATE		
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaig Trust Fund Contri				\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11.	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	AZZOLLINI, ENRIQUE A SENTILLOSA 441		NAME Street address					
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA,		CITY-ST-ZIP					
THLE	SD Y	☐ Delete	ULF			☐ Change	☐ Addition	
NAME	BAGUETTE, GUILLERMO		NAME					
STREET ADORESS CITY+ST-ZIP	ARAUJO 385 BUENOS AIRES, ARGENTINA,		STREET ADDRESS CITY-ST-ZIP					
TILE	TD	☐ Delete	ITTLE			☐ Change	☐ Addition	
NAME	AZAR, JOSE LUIS		NAME					
	OTAMENDI 440		STREET ADDRESS					
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA,		CITY+ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	<del></del>	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED MAME OF BIGNING OFFICER OR DIRECTOR

Davise Phone F

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

IIILE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

Addition