2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000108349

Entity Name: ARGENTINA INTERNATIONAL IV OF MIAMI. INC

FILED Sep 14, 2006 Secretary of State

•	INA INTERNATIONAL IV OF I	,		
Current Principal Place of Business:		New Principal Place of Business:		
138/244 E. FLAGLER ST MIAMI, FL 33131	-			
Current Mailing Address:		New Mailing Address:		
138/244 E. FLAGLER ST SUITE 509 MIAMI, FL 33131	-			
FEI Number: 20-2226576	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
LEON, PERLA 3787 DRAIRIE AVE SUITE 509 MIAMI BEACH, FL 3314	0 US			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		- u b	Date	

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DPS Title: () Delete Title: (X) Change () Addition LEON, PERLA B LEON, PERLA B Name: Name: 3787 PRAIRIE AVE. Address: 3787 PRAIRIE AVE. Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI BEACH, FL 33140

Title: () Delete Title: DS () Change (X) Addition

 Name:
 Name:
 DOMFROCHT, LAZARO

 Address:
 Address:
 3787 PRAIRIE AVE

 City-St-Zip:
 City-St-Zip:
 MIAMI BEACH, FL 330140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PERLA LEON P 09/14/2006