2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2006
Secretary of State

DOCUMENT# P05000093051

Entity Name: KOSHER ARGENTINA BEESWAX CANDLES, INC.

Current Principal Place of Business:

501 BLUE HERON DR #319A
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

501 BLUE HERON DR #319A
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, AMALIA
501 BLUE HERON DR #319A
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALVAREZ, AMALIA
Address: 501 BLUE HERON DR #319A
City-St-Zip: HALLANDALE, FL 33009

Title: V ( ) Delete
Name: DRI, MARTIN L
Address: TUCUMAN 245 CONCORDIA ENTRE RIOS
City-St-Zip: ARGENTINA 3200, XX

Title: S ( ) Delete
Name: DRI, CARLOS A
Address: TUCUMAN 245 CONCORDIA ENTRE RIOS
City-St-Zip: ARGENTINA 3200, XX

Title: T ( ) Delete
Name: ALVAREZ, HERALDO A
Address: 501 BLUE HERON DR #319A
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete
Name: DRI, HORACIO M
Address: TUCUMAN 245 CONCORDIA ENTRE RIOS
City-St-Zip: ARGENTINA 3200,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: AMALIA ALVAREZ PRES 03/04/2006

Electronic Signature of Signing Officer or Director — Date