


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000093051 1. Entity Name KOSHER ARGENTINA BEESWAX CANDLES, INC.	
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Principal Place of Business 501 BLUE HERON DR #319A HALLANDALE, FL 33009	Mailing Address 501 BLUE HERON DR #319A HALLANDALE, FL 33009
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DO NOT WRITE IN THIS SPACE



02242007 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALVAREZ, AMALIA 501 BLUE HERON DR #319A HALLANDALE, FL 33009
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, AMALIA 501 BLUE HERON DR #319A HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRI, MARTIN L TUCUMAN 245 CONCORDIA ENTRE RIOS ARGENTINA 3200,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRI, CARLOS A TUCUMAN 245 CONCORDIA ENTRE RIOS ARGENTINA 3200,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVAREZ, HERALDO A 501 BLUE HERON DR #319A HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRI, HORACIO M TUCUMAN 245 CONCORDIA ENTRE RIOS ARGENTINA 3200,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/07/07-80082-009 150.00

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:  **08/24/07** **954.454.1986**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #