
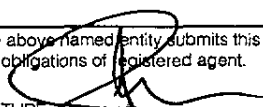
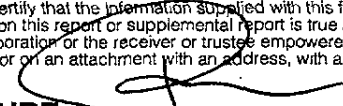


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P25881		
1. Entity Name BELGRANO PROPERTIES CORP.		
Principal Place of Business 316 N.E. 2ND STREET MIAMI, FL 33132	Mailing Address 316 N.E. 2ND STREET MIAMI, FL 33132	
DO NOT WRITE IN THIS SPACE		
		04282004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0156394
		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 PETER AVINO 1825 COLLINS AVE MIAMI BEACH, FL 33139		DO NOT WRITE IN THIS SPACE
B. 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  DATE 4-28-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	LUZZI DE RIANDE, YOLANDA	
STREET ADDRESS	VIA ESPANA Y CALLE RICARDO ARIAS	
CITY-ST-ZIP	PANAMA 7, REPUBLIC OF PANAMA,	
TITLE	S	
NAME	RIANDE DE VICTORIA, LUCIA	
STREET ADDRESS	VIA ESPANA Y CALLE RICARDO ARIAS	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	PANAMA 7, REPUBLIC OF PANAMA,	
TITLE	T	
NAME	RIANDE LUZZI, DOLORES	
STREET ADDRESS	VIA ESPANA Y CALLE RICARDO ARIAS	
CITY-ST-ZIP	PANAMA 7, REPUBLIC OF PANAMA,	
TITLE	C	DO NOT WRITE IN THIS SPACE
NAME	LUZZI DE ALVARADO, MAXINE	
STREET ADDRESS	VIA ESPANA Y CALLE RICARDO ARIAS	
CITY-ST-ZIP	PANAMA 7, REPUBLIC OF PANAMA,	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date 4-28-04 Daytime Phone # 305-531-3503
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		