

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90021 016 \*\*\*150.00

<b>DOCUMENT # P93000014735</b>					
<b>1. Entity Name</b> BUENOS AIRES POLO, INC.					
<b>Principal Place of Business</b> 110 E. ATLANTIC AVENUE 235 DELRAY BEACH, FL 33444			<b>Mailing Address</b> 110 E. ATLANTIC AVENUE 235 DELRAY BEACH, FL 33444 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 141 NW 20 <sup>th</sup> ST.		<b>3. Mailing Address</b> 141 NW 20 <sup>th</sup> ST.			
Suite, Apt. #, etc. B-5		Suite, Apt. #, etc. B-5			
<b>City &amp; State</b> BOCA RATON, FL		<b>City &amp; State</b> BOCA RATON, FL		<b>4. FEI Number</b> 65-0391846	
<b>Zip</b> 33431		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BIGNOLI, P. MARCOS 110 E. ATLANTIC AVENUE 235 DELRAY BEACH, FL 33444		<b>7. Name and Address of New Registered Agent</b> Name: BIGNOLI, P. MARCUS Street Address (P.O. Box Number is Not Acceptable): 141 NW 20 <sup>th</sup> ST. City: Boca Raton FL Zip Code: 33431			
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BIGNOLI, PEDRO M 110 E. ATLANTIC AVENUE, 235 DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BIGNOLI, PEDRO M. 141 NW 20 <sup>th</sup> ST.; STE B5 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/21/08 Urdine Phone #: 561-393-9802		