


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90037 003 \*\*\*158.75

<b>DOCUMENT # P95000006063</b>	
1. Entity Name <b>GATTAMORTA-CHANIN CONSTRUCTION, INC.</b>	

Principal Place of Business <b>1860 WEST AVE SUITE 201 MIAMI BEACH, FL 33139</b>	Mailing Address <b>1860 WEST AVE SUITE 201 MIAMI BEACH, FL 33139</b>
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**50023999**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

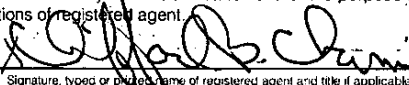
03012005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0549295</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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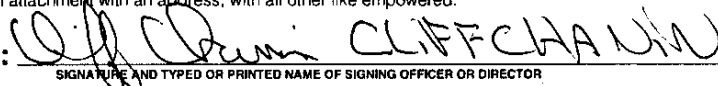
6. Name and Address of Current Registered Agent <b>GATTAMORTA, CARLOS 1860 WEST AVENUE SUITE 201 MIAMI BEACH, FL 33139</b>	
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7. Name and Address of New Registered Agent	
Name <b>CLIFFORD B CHANIN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1860 WEST AV # 201</b>	
City <b>MIAMI BEACH,</b>	FL Zip Code <b>33139</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.		
SIGNATURE 	<b>CLIFFORD B. CHANIN</b>	DATE <b>3/3/05</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GATTAMORTA, CARLOS 1860 WEST AVE #210 MIAMI BEACH, FL 33139 <input checked="" 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	SD CHANIN, CLIFFORD 1860 WEST AVE #201 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.S.D</b> <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
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>CLIFF CHANIN</b>	DATE <b>3/3/05</b> DAYTIME PHONE # <b>(305) 531-8276</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

JAN-13-2005 07:58

P.01

ATTACHMENT  
Expert # P95000006063  
Translators 50023999

IN BUSINESS SINCE 1979

10621 North Kendall Dr., Suite 111  
Miami, Florida 33176  
Tel.: (305)279-0583 Fax: (305) 273-4407

**CERTIFICATE OF ACCURACY**

Translation No. 125204

No. of pages received: 2

STATE OF FLORIDA )

) SS.

COUNTY OF MIAMI-DADE )

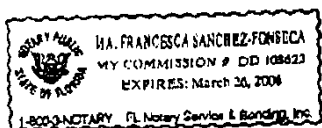
Before me, a Notary Public in and for the State of Florida, at large, personally appeared Angela Greiffenstein, who is known to me, for and on behalf of EXPERT TRANSLATORS, a duly authorized professional organization, who after being duly sworn, was deposed and said that he/she is a professional accredited translator and that, to the best of his/her knowledge and belief, the attached translation bearing the same reference number, consisting of 2 pages, of which this is the cover page, is a true and accurate translation of the text presented to him/her.

  
\_\_\_\_\_  
Certified Professional Translator

*While every effort has been made to guarantee the quality and accuracy of the attached translation, Expert Translators and/or its staff members/translators are not liable for any inconvenience/conflict arising as a result of any omissions, misinterpretations or other errors in the translation.*

SWORN TO AND SUBSCRIBED before me, in Miami, County of Miami-Dade, on this 21<sup>ST</sup> day of the month of December, A.D., 2004

  
NOTARY PUBLIC  
State of Florida at Large



ATTACHMENT  
# 19500006063  
50023999

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Government of the city of Buenos Aires

PEOPLE'S CIVIL STATUS AND CAPACITY REGISTRATION

Central department for Death Registrations

Volume 1°Z, Number 308, Year 2004

In Buenos Aires, capital of the Republic of Argentina, on December 5, 2004, I, the Officer of the People's Civil Status and Capacity Registration, hereby register the DEATH of Carlos Alberto GATTAMORTA

Gender: Male Nationality: American Civil status: married Occupation: Builder  
ID: American Passport No. 200975370 Domiciled: Pampa 117  
The son of: - and of: -  
Born in: Argentina On: June 28, 1951

Died in this city, at Pampa 1117

On: December 4, 2004 at: 10:30.

Cause of the death: Non-traumatic cardiorespiratory arrest

Medical certificate: Luis Eugenio FAUVE

Deponent: Gustavo Darío CONTRERAS ID: DNI 23523088

Domiciled: Av. Juan de Garay 2916 CAP FED Acting by virtue of: filed authorization by Jorge Daniel PRESA, who witnessed the corpse.

[There is an illegible seal]

[Seal of the registry officer and illegible signature]

[Ad Dorsum:]

[There is a seal of authentication]

[Seal of the registry officer and illegible signature]

[Seal of the Argentinean Ministry of Home Affairs, authenticating the signature of the registry officer]

[Apostille No. 211626 and seals of the Ministry of Foreign Affairs]

GOBIERNO DE LA  
CIUDAD DE BUENOS AIRESATTACHMENT # P950000060603  
50083999

## REGISTRO DEL ESTADO CIVIL Y CAPACIDAD DE LAS PERSONAS

DEPARTAMENTO CENTRAL DEFUNCIONES TOMO 107 NUMERO 308 AÑO 2004

En Buenos Aires, Capital de la República Argentina, a 05 de diciembre de 2004. Yo, Funcionario del Registro del Estado Civil y Capacidad de las Personas inscribo la DEFUNCION de Carlos Alberto GATTARDITA

Sexo masculino nacionalidad norteamericana

estado casado

profesión Constructor Doc. Ident. Pasap. 2009

domicilio Pampa 1117

Hijo de

y de

nacido en Argentina el 28 de junio de 1944

Ocurrida en esta ciudad Pampa 1117

el 04 de diciembre de 2004 a las 10:30

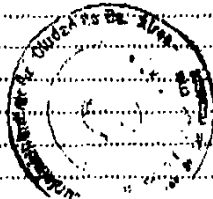
Causa de la defunción Paro Cardiorrespiratorio - no traumático

Certificado médico Luis Eugenio Favre

Interviniente Gustavo Darío Fontes PAS Doc. Ident. 23.573

Domicilio Mr. Juan de Eusebio y 2916 CAP. FEB Obra en virtud de la Ley

Don. que se archiva de Jorge Daniel Presa, quien ha visto el cadáver

DR. JOSE LUIS BACON  
JEFE DEPARTAMENTO  
DEL ESTADO CIVIL Y CAP. DE LAS PERSONAS  
CIUDAD DE BUENOS AIRES

JAN-13-2005 08:01

P.04

# CERTIFICATE

STATE OF FLORIDA - COUNTY OF MIAMI-DADE  
TRUE AND CORRECT COPY OF THE ORIGINAL

ATTACHMENT

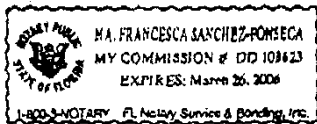
# 0950000606.3

50023999

WITNESSED my hand and official seal,  
this December 21, 20 04

*M. Francesca Sanchez-Pompea*

NOTARY PUBLIC



TOTAL P.04