


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90009 026 \*\*\*150.00

<b>DOCUMENT # P99000032874</b> 1. Entity Name <b>CAMPO ARGENTINO CORPORATION</b>	
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Principal Place of Business <b>6954 COLLINS AVE MIAMI BEACH, FL 33141 US</b>	Mailing Address <b>1150 NW 72ND AVENUE #555 MIAMI, FL 33126</b>
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02242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0915736</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MALESICH, GONZALO 6450 COLLINS AVE. #1109 MIAMI, FL 33141</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALESICH, GONZALO 6450 COLLINS AVENUE MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAFFIOLINI, MARIA L 6450 COLLINS AVENUE MIAMI BEACH, FL 33141
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IN THIS SPACE**

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:**  **Gonzalo Malesich** **3/20/04** **305-994-9593**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #