

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00**  
**Secretary of Stat**

**DOCUMENT # P99000073451**

**1. Entity Name**  
**LAND DEVELOPER S.A., USA., INC.**



**Principal Place of Business**

**121 SE 1ST STREET  
MIAMI, FL 33131**

**Mailing Address**

**NEW WORLD TOWER BLDG.  
100 N. BISCAYNE BLVD, SUITE 1407  
MIAMI, FL 33132**



04112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0945188**

**Applied F**  
**Not Appli**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ARGENTINION CONSTRUCTION GROPU, L.L.C.  
100 N BISCAYNE BLVD  
STE 1407  
MIAMI, FL 33132**

**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 ac the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>MOLINARI, CARLOS JUAN</b>
<b>STREET ADDRESS</b>	<b>SARIMENTO 539 TERCER-PISO</b>
<b>CITY-ST-ZIP</b>	<b>CAPITAL FEDERAL, ARGENTINA,</b>
<b>TITLE</b>	<b>VPD</b>
<b>NAME</b>	<b>GUILLERMO VILLAR, HECTOR</b>
<b>STREET ADDRESS</b>	<b>SARIMENTO 539 TERCER-PISO</b>
<b>CITY-ST-ZIP</b>	<b>CAPITAL FEDERAL, ARGENTINA,</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>MOLINARI, DIEGO</b>
<b>STREET ADDRESS</b>	<b>SARIMENTO 539 TERCER-PISO</b>
<b>CITY-ST-ZIP</b>	<b>CAPITAL FEDERAL, ARGENTINA,</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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**DO NOT WRITE  
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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/05

(54.11)  
4328.4789

Date

Daytime Phone #