


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000005847

1. Entity Name
AERO 2000 S.A., INC.



FILED
06 SEP -7 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **CALLE SUIPACHA 1111, PISO 18, BUENOS AIRES, ARGENTINA,**

Mailing Address: **6500 N.W. 22ND STREET MIAMI, FL 33122**

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

07102006 Chg-P CR2E034 (11/05)

4. FEI Number: **98-0471967** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

EDUARDO RIQUELME, LUIS
6500 N.W. 22ND STREET
MIAMI, FL 33122

7. Name and Address of New Registered Agent

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reissuing) DATE: _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	C	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENITES, MANUEL M			NAME			
STREET ADDRESS	CALLE SUIPACHA 1111, PISO 18,			STREET ADDRESS			
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA,			CITY-ST-ZIP			
TITLE	VC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEREZ, JORGE L			NAME			
STREET ADDRESS	CALLE SUIPACHA 1111, PISO 18,			STREET ADDRESS			
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA,			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUETO, IGNACIO			NAME			
STREET ADDRESS	CALLE SUIPACHA 1111, PISO 18,			STREET ADDRESS			
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA,			CITY-ST-ZIP			
TITLE	PCEO	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PETRELLI, PAUL			NAME			
STREET ADDRESS	CALLE SUIPACHA 1111, PISO 18,			STREET ADDRESS			
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA,			CITY-ST-ZIP			
TITLE	COO	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, RODOLFO			NAME			
STREET ADDRESS	CALLE SUIPACHA 1111, PISO 18,			STREET ADDRESS			
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA,			CITY-ST-ZIP			
TITLE	CFO	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALVO, ROBERTO			NAME			
STREET ADDRESS	CALLE SUIPACHA 1111, PISO 18,			STREET ADDRESS			
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA,			CITY-ST-ZIP			

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08/29/06--01015--017 **185.00

PCEO Scokin, Damian
Calle Suipacha 1111, Piso 18
Buenos Aires, Argentina

8/9/7

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.

SIGNATURE: _____ DATE: **8/10/2006** DAYTIME PHONE #: _____