


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90025 050 ***158.75

DOCUMENT # P02000012106

1. (Entity) Name
BUENOS AIRES CORPORATION



(Principal) Place of Business (Mailing Address)
920 SW 58TH AVE. 920 SW 58TH AVE.
MIAMI, FL 33144 MIAMI, FL 33144

2. (Principal) Place of Business (Mailing Address)
6466 SW 15 St. 6466 SW 15 St.

(Suite, Apt. #, etc.) (Suite, Apt. #, etc.)

(City & State) (City & State)
MIAMI, FL MIAMI, FL

Zip (Country) Zip (Country)
33144 USA 33144 USA



04192004 Chg-P CR2E034 (10/03)

4. (FEI) Number (Applied) For
04-3600685 (Not) Applicable

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

6. (Name and Address of Current Registered Agent)
ZARATE, RAMON NICOLAS
920 SW 58TH AVE.
MIAMI, FL 33144

7. (Name and Address of New Registered Agent)
 (Name) **RAMON NICOLAS ZARATE**
 (Street Address (P.O. Box Number is Not Acceptable)) **6466 SW 15 STREET**
 (City) **MIAMI, FL** (Zip) Code **33144**

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) **RAMON NICOLAS ZARATE** (DATE) **04/19/2004** **305 244 5438**

(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, 2004 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|---|---|
| TITLE (NAME) (STREET ADDRESS) (CITY-ST-ZIP) | D ZARATE, RAMON NICOLAS 920 SW 58TH AVE. MIAMI, FL 33144 <input type="checkbox"/> Delete | TITLE (NAME) (STREET ADDRESS) (CITY-ST-ZIP) | D RAMON NICOLAS ZARATE 6466 SW 15 STREET MIAMI, FL 33144 <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 |
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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 trustee 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: **RAMON NICOLAS ZARATE** (Date) **04/19/2004** **305 244 5438**

(Signature, and typed or printed name of signing officer or director. (Date) (Daytime Phone #)