


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90080 014 ****70.00

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1. Entity Name
CENTRO CULTURAL ARGENTINO, INC.



40009413



Principal Place of Business
 9339 NW 48 TERRACE
 MIAMI, FL 33178

Mailing Address
 9339 NW 48 TERRACE
 MIAMI, FL 33178

2. Principal Place of Business - No P.O. Box #
9332 NW 48 DORAL TER.

3. Mailing Address
9332 NW 48 DORAL TER.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State
MIAMI, FLORIDA

City & State
MIAMI - FLORIDA

Zip
33178

Country
USA

Zip
33178

Country
USA

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LOUSTEAU, HEGUY
 9332 N.W. 48 DORAL TERRACE
 MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name **LOUSTEAU HEGUY, GUILLERMO**

Street Address (P.O. Box Number is Not Acceptable)
9332 NW 48 DORAL TERRACE

City **MIAMI** FL Zip Code **33178**

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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEGUY, GUILLERMO L 9339 NW 48 TERRACE MIAMI, FL 33178 <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	D GOWLAND, MAXIMO 800 BRICKELL AVE PH 1 MIAMI, FL 33131 <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	D LOUSTEAU, HEGUY G 9332 N.W. 48 DORAL TERRACE MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LOUSTEAU HEGUY, GUILLERMO 9332 NW 48 DORAL TERRACE MIAMI - FL - 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHO, ROBERTO 1500 SW 42 TERRACE MIAMI, FL 33185 <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	D TERESA ARENAS, TERESA 9101 NW FOUNTAINBLUE BLVD MIAMI, FL, 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPANGARO, NORBERTO 9482 NW 49 DORAL LANE MIAMI - FL - 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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 ~~the~~ empowered.

SIGNATURE: Guillermo Lousteau HEGUY 01-31-07 3058778496
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #