2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: AGENCIA PARA LA PROMOCION DE CATAMARCA, INC.

Current Principal Place of Business:

4000 PONCE DE LEON BLVD
SUITE 470
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

New Mailing Address:

4000 PONCE DE LEON BLVD
SUITE 470
CORAL GABLES, FL 33134 US

FEI Number: 20-0624372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: NAVARRO, SEBASTIAN PD
Address: BARRIO SANTA ROSA S/N
City-St-Zip: TINOGASTA, ARGENTINA, CA K5341 AR

Title: VD
Name: PRESAS, MIRTHA VPD
Address: BARRIO CALERA DEL SAUCE CASA 12
City-St-Zip: CATAMARCA, ARGENTIINA, CA K4700 AR

Title: SD
Name: KRISKAUZTKY, NESTOR D
Address: LUIS DIAZ (NORTE) 67
City-St-Zip: CATAMARCA ARGENTINA, CA K4700 AR

Title: D
Name: BARBOZA, ARTURO D
Address: COPIAPO 378
City-St-Zip: TINOGASTA, ARGENTINA, CA K5341 AR

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SEBASTIAN NAVARRO PD 04/08/2011

Electronic Signature of Signing Officer or Director Date