


**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90041 031 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # N18733</b><br>1. Entity Name<br><b>ARGENTINE-FLORIDA CHAMBER OF COMMERCE, INC.</b>   |  |    | 40072144  |
| Principal Place of Business<br>1441 BICKELL AVE.<br>SUITE 1008<br>MIAMI, FL 33131 US   |  | Mailing Address<br>1441 BICKELL AVE.<br>SUITE 1008<br>MIAMI, FL 33131 US  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>18851 N.E. 29th AVENUE</b>  |  | 3. Mailing Address<br><b>18851 N.E. 29th AVENUE</b>   |   |
| Suite, Apt. #, etc.<br><b>900</b>  |  | Suite, Apt. #, etc.<br><b>900</b>   |   |
| City & State<br><b>AVENTURA, FLORIDA</b>   |  | City & State<br><b>AVENTURA, FLORIDA</b>  |   |
| Zip <b>33180</b> Country <b>US</b>   |  | Zip <b>33180</b> Country <b>US</b>  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>KORN, DANIEL</b><br><b>1441 BRICKELL AVE.</b><br><b>SUITE 1008</b><br><b>MIAMI, FL 33131</b>  |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>201 S. BISCAYNE BLVD. MIAMI CENTER</b><br><b>34 FLOOR</b><br>City <b>MIAMI</b> <b>FL</b> Zip Code <b>33131</b> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |   |
| <b>Make check payable to Florida Department of State</b>   |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br><b>EDGARDO, DEFORTUNA</b><br><b>2666 BRICKELL AVE</b><br><b>MIAMI, FL</b>               | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br><b>DEFORTINA, MONICA</b><br><b>2666 BRICKELL AVENUE</b><br><b>MIAMI, FL</b>             | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>DEFORTUNA, MONICA</b><br><i>(same person, last name was misspelled)</i>            |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br><b>KORN, DANIEL</b><br><b>1441 BRICKELL AVENUE</b><br><b>MIAMI, FL</b>                  | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>201 S. BISCAYNE BLVD. MIAMI CENTER</b><br><b>34 FLOOR - MIAMI - FLORIDA. 33131</b> |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br><b>LIPS, ALAN</b><br><b>666 71ST STREET</b><br><b>MIAMI BEACH, FL 33141</b>             | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>MURRAY, PATRICK L</b><br><b>201 S. BISCAYNE BLVD. SUITE 1500</b><br><b>MIAMI, FL</b> | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 67, 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. |  |   |   |
| <b>SIGNATURE: MONICA DEFORTUNA</b>   |  | Date <b>April 8, 2008</b> (305) 856-2600  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |