

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18733

FILED  
Aug 31, 2009  
Secretary of State

Entity Name: ARGENTINE-FLORIDA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

18851 N.E 29TH AVENUE  
SUITE 900  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

201 S. BISCAYNE BLVD MIAMI CENTER  
SUITE 905  
MIAMI, FL 33131 US

**Current Mailing Address:**

18851 N.E 29TH AVENUE  
SUITE 900  
AVENTURA, FL 33180 US

**New Mailing Address:**

201 S. BISCAYNE BLVD MIAMI CENTER  
SUITE 905  
MIAMI, FL 33131 US

FEI Number: 65-0106011      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KORN, DANIEL  
201 S. BISCAYNE BLVD.  
MIAMI CENTER 34 FLOOR  
MIAMI, FL 33131 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: P ( ) Delete  
Name: EDGARDO, DEFORTUNA  
Address: 2666 BRICKELL AVE  
City-St-Zip: MIAMI, FL

Title: V ( ) Delete  
Name: DEFORTUNA, MONICA  
Address: 2666 BRICKELL AVENUE  
City-St-Zip: MIAMI, FL

Title: S ( ) Delete  
Name: KORN, DANIEL  
Address: 201 S. BISCAYNE BLVD MIA CENTER  
City-St-Zip: MIAMI, FL 33131

Title: T ( ) Delete  
Name: LIPS, ALAN  
Address: 666 71ST STREET  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete  
Name: MURRAY, PATRICK L  
Address: 201 S. BISCAYNE BLVD. SUITE 1500  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GABRIELA FIORITO

MS.

08/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date