

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000023154

Entity Name: CMS PEOPLE CORP

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

AV.DE MAYO 881 7 PISO OF.O
BUENOS AIRES-ARGENTINA,

New Principal Place of Business:

AV, DE MAYO 881 PISO 7 - OF.
BUENOS AIRES, AR

Current Mailing Address:

AV.DE MAYO 881 7 PISO OF.O
BUENOS AIRES-ARGENTINA,

New Mailing Address:

AV, DE MAYO 881 PISO 7 - OF.
BUENOS AIRES, AR

FEI Number: 75-3267844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROS, MARIA V
220 MIRACLE MILE, SUITE 206
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SALAMONE, PABLO A
Address: AV.DE MAYO 881 7 PISO OF.O
City-St-Zip: BUENOS AIRES-ARGENTINA,

Title: VSD () Delete
Name: ALQUEZAR, MARCELO E
Address: AV.DE MAYO 881 7 PISO OF.O
City-St-Zip: BUENOS AIRES-ARGENTINA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SALAMONE, PABLO A
Address: AV, DE MAYO 881 PISO 7 - OF.
City-St-Zip: BUENOS AIRES, AR

Title: VSD (X) Change () Addition
Name: ALQUEZAR, MARCELO E
Address: AV, DE MAYO 881 PISO 7 - OF.
City-St-Zip: BUENOS AIRES, AR

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIANA GONZALEZ

ADM

04/23/2009

Electronic Signature of Signing Officer or Director

Date