2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091770

Entity Name: GRAN BUENOS AIRES INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8401 SW 107 AVENUE APT. 217 E 8401 SW 107 AVE MIAMI, FL 331734351 217E

MIAMI, FL 33173 US

Current Mailing Address: New Mailing Address:

8401 SW 107 AVENUE APT. 217 E 8401 SW 107 AVE MIAMI, FL 331734351

217E

MIAMI, FL 33173 US

8401 SW 107 AVE

VILASANTE, CHRISTIAN M PD

FEI Number: 55-0845380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VILASANTE, CHRISTIAN M PD 8401 SW 107 AVENUE APT. 217 E

MIAMI, FL 331734351 US 217E MIAMI, FL 331734351 US

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:

04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete VILASANTE, CHRISTIAN M PD Name: 8401 SW 107 AVENUE APT. 217 E Address:

City-St-Zip: MIAMI, FL 331734351

Title: () Delete BERNARDO, MARIA P VD Name:

8401 SW 107 AVENUE APT. 217 E Address:

City-St-Zip: MIAMI, FL 331734351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: VILASANTE, CHRISTIAN M PD Name: 8401 SW 107 AVENUE APT. 217 E Address: City-St-Zip: MIAMI, FL 331734351 US

Title: (X) Change () Addition

Name: BERNARDO, MARIA P VD

Address: 8401 SW 107 AVENUE APT. 217 E

MIAMI, FL 331734351 US 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIAN M VILASANTE PD 04/27/2009