

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010737

FILED  
Apr 04, 2010  
Secretary of State

**Entity Name:** THE PROVINCE OF CATAMARCA PROMOTION AGENCY, CORP.

**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:**

**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

04/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date