2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008
Secretary of State

DOCUMENT# 763953

Entity Name: SOCIEDAD ARGENTINA EN MIAMI, INC.

Current Principal Place of Business:

5201 NW 7TH ST
511
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5201 N.W. 7TH STREET
#511
MIAMI, FL 33126

New Mailing Address:

FEI Number: 59-2215828 **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:

COFINO, JOSEFINA P ESQ
807 SW 25TH AVE #210
MIAMI, FL 33135 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 ( ) Delete
Name: CACCAMO, PEDRO,
Address: 5201 N.W. 7 STR-APT 511
City-St-Zip: MIAMI, FL 33126

Title: VD ( ) Delete
Name: LOPEZ GARZON, ZALO
Address: 5201 N.W. 7 STR-APT 511
City-St-Zip: MIAMI, FL 33126

Title: TD ( ) Delete
Name: WILLIAMS, ELBA M
Address: 5201 N.W. 7 STR-APT 511
City-St-Zip: MIAMI, FL 33126

Title: SD ( ) Delete
Name: BARDONI, CARLOS
Address: 5201 N.W. 7 STR-APT 511
City-St-Zip: MIAMI, FL 33126

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:

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: PEDRO CACCAMO PD 05/29/2008

Electronic Signature of Signing Officer or Director — Date