2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90978 032 ****70.00

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1. Entity Name
INTERNATIONAL CLUB OF ARGENTINE TANGO OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
HALLANDALE CULTURAL COMMUNITY CENTER 401 SE 3RD ST HALLANDALE BEACH, FL 33009	4855 HUNTERS WAY BOCA RATON, FL 33434

04282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
ITALIAN/AMERICAN CIVIC LEAGUE OF BROWARD COUNTY	SAME AS ABOVE
Suite, Apt. #, etc. 700 S. DIXIE HIGHWAY	Suite, Apt. #, etc.
City & State HOLLYWOOD, FLORIDA	City & State
Zip / Country U.S.A.	Zip / Country

4. FEI Number
65-0775103
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, CARMEN 4855 HUNTERS WAY BOCA RATON, FL 33434	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CARMEN M. IBANEZ-LOPEZ Carmen M. Ibanez-Lopez 04-26-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD LOPEZ, CARMAN 4855 HUNTER'S WAY BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD TERAMO, JUAN 8877 COLLINS AVE APT 402 SURFSIDE, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TERANO, JUAN 8877 COLLINS AVE APT 402 MIAMI BEACH, FL 33154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary BUSTOS, MARTA 2620 S.W. 55th STREET MIAMI FLORIDA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARMEN, MA 17000 NW 67TH AVE APT 135 MIAMI, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carmen M. Ibanez-Lopez 04-26-05 561-241-6585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #