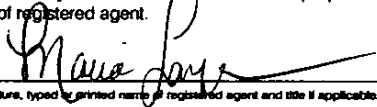


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90081 006 ****70.00

DOCUMENT # N01000003197 1. Entity Name INTERNATIONAL CLUB OF ARGENTINE TANGO OF SOUTH FLORIDA, INC.			
Principal Place of Business ITAL/AME. CIVIC LEAG. BROWARD CO. 700 S. DIXIE HIGHWAY HOLLYWOOD, FL		Mailing Address 4855 HUNTERS WAY BOCA RATON, FL 33434	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 7524 BOUNTY AVE Suite, Apt. #, etc.	
City & State Zip Country		City & State NORTH BAY VILLAGE, FL Zip Country 33141	
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 CANO, MONICA 1980 S. OCEAN DR., PH Q HALLANDALE, FL 33001		7. Name and Address of New Registered Agent Name MARIA LANGONE Street Address (P.O. Box Number is Not Acceptable) 12850 W. STATE RD B4 # 9-27 City DAVIE FL Zip Code 33325	
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  DATE 4/5/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007		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	PD TERAMO, JUAN L 8877 COLLINS AVENUE #402 SURFSIDE, FL 33154	TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		
TITLE	VD CANO, RODOLFO 1980 S. OCEAN DR. PH Q HALLANDALE, FL 33001	TITLE	YD JUAN J. GOMEZ 6437 SW 132 CT. MIAMI, FL 33183
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☒ Delete		☒ Change ☐ Addition
TITLE	SD CANO, MONICA 1980 SOUTH OCEAN DR PH-Q HALLANDALE, FL 33001	TITLE	SD MIGUEL GOMEZ 12850 W. STATE RD B4 # 9-27 DAVIE, FL 33325
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☒ Delete		☒ Change ☐ Addition
TITLE	TD BUSTOS, JUAN C 7524 BOUNTY AVENUE NORTH BAY VILLAGE, FL 33141	TITLE	TD MARIA LANGONE 12850 W. STATE RD B4 # 9-27 DAVIE, FL 33325
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☒ Delete		☒ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date 4/5/07 Daytime Phone # 305-936-5731	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			