

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009385

FILED
Apr 29, 2009
Secretary of State

Entity Name: AMERICAN ARGENTINE ART ASSOCIATION INC

Current Principal Place of Business:

8509 SOUTH U.S.1
SUITE 6
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

8509 SOUTH U.S.1
SUITE 6
PORT ST. LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 20-0370539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHARREN, WALTER
4200 NORTH A1A
SUITE 1113
FORT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

LEEGSTRA, LILIANA
4200 NORTH A1A
SUITE 1113
FORT PIERCE, FL 34949 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: LILIANA LEEGSTRA

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ECHARREN, WALTER
Address: 4200 NORTH A1A SUITE 1113
City-St-Zip: FORT PIERCE, FL 34949

Title: VP () Delete
Name: LEEGSTRA, ALICIA L
Address: 4200 NORTH A1A SUITE 1113
City-St-Zip: FORT PIERCE, FL 34949

Title: S () Delete
Name: TINELLI, CARLOS
Address: SAN JUAN 3852
City-St-Zip: BUENOS AIRES, CP ARGENTINA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEEGSTRA, LILIANA
Address: 4200 NORTH A1A SUITE 1113
City-St-Zip: FORT PIERCE, FL 34949

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: LILIANA LEEGSTRA

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date