

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011506

FILED
Apr 25, 2009
Secretary of State

Entity Name: CAMARA INTERNACIONAL DE COMERCIO DEL MERCOSUR EN LOS ESTADOS UNIDOS, INC.

Current Principal Place of Business:

1132 KANE CONCOURSE
LEVEL TWO
MIAMI, FL 33154

New Principal Place of Business:

Current Mailing Address:

1132 KANE CONCOURSE
LEVEL TWO
MIAMI, FL 33154

New Mailing Address:

FEI Number: 20-8776954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA AMSOUTH HOLDINGS CORP
306 ALCAZAR AV.
SUITE 302
CORAL GABLES, FL 33134 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: P () Delete
Name: CAPDEVIELLE, XAVIER
Address: 1132 KANE CONCOURSE
City-St-Zip: MIAMI, FL 33154

Title: V () Delete
Name: LASCANO, JULIO
Address: AV. GIANNATTIASIO 551/08
City-St-Zip: MONTEVIDEO, MV 1000

Title: VTS () Delete
Name: ECHAVARRIA, IGNACIO
Address: AV. GIANNATTIASIO 551/08
City-St-Zip: MONTEVIDEO, MV 1000

Title: () Delete
Name:
Address:
City-St-Zip:

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: V () Change (X) Addition
Name: WOODBRIDGE, FREDERICK
Address: 701 BRICKELL AVENUE. SUITE 1650
City-St-Zip: MIAMI, FL 33154

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: XAVIER CAPDEVIELLE

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date