2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004618

Apr 28, 2009 Secretary of State

Entity Name: THE CENTER OF ARGENTINE STUDENTS AND ALUMNI IN THE UNITED STATES - MIAMI

CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business:

31 SE 5TH STREET 31 SE 5TH STREET 3101

1805

MIAMI, FL 33131 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

P.O.BOX 310146 31 SE 5TH STREET

MIAMI, FL 33231 US 3101

MIAMI, FL 33131 US

FEI Number: 26-0186848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NICOLINI, NATALIA NICOLINI, NATALIA E 31 SE 5TH STREET 12352 SW 94 LN

MIAMI, FL 33186 US MIAMI, FL 33131

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: NATALIA NICOLINI 04/28/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

NICOLINI, NATALIA Name: Name: 12352 SW 94 LN Address: Address: MIAMI, FL 33186 US City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition MAZZA, MARIANO Name: DE FRANKENBERG, CONRADO Name: Address: 16950 N BAY ROAD #1205 Address: 951 BRICKELL AVE APT 311 City-St-Zip: SUNNY ISLES BEACH, FL 33160 US City-St-Zip: MIAMI, FL 33131 US

Title: () Delete Title: (X) Change () Addition

DE FRANKENBERG, CONRADO KUNZEVITZKY, NOELIA Name: Name: 2965 SW 13 ST Address: Address: 31 SE 5TH STREET APT 3101 City-St-Zip: MIAMI, FL 33145 US MIAMI, FL 33131 US

City-St-Zip:

Title: (X) Delete Title: () Change () Addition LEILA, FERNANDO L Name: Name: 1247 WEST AVE #7B Address: Address:

City-St-Zip: MIAMI, FL 33139 US City-St-Zip:

Title: Title: (X) Delete () Change () Addition

PONASSI, CLELIA Name: Name: 2751 S. OCEAN DR #702N Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 US 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: NATALIA NICOLINI Ρ 04/28/2009