

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008431

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** CONSEJO DE PROMOCION ARGENTINA, CORP.

**Current Principal Place of Business:**

1111 BRICKELL AVENUE  
11TH FLOOR  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

5220 S UNIVERSITY DR  
SUITE C-102  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:** 26-0789475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVA'S ENTERPRISE, INC.  
5220 S UNIVERSITY DR  
SUITE C-102  
DAVIE, FL 33328 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: PD ( ) Delete  
Name: NAVARRO, SEBASTIAN  
Address: 1111 BRICKELL AVENUE  
City-St-Zip: MIAMI, FL 33131 US

Title: VPD ( ) Delete  
Name: VALENCIA, RAQUEL  
Address: BOUCHARD PLAZA BUILDING 577-599 PISO 20  
City-St-Zip: BUENOS AIRES, ARGENTINA, BA C1106ABG AR

Title: D ( ) Delete  
Name: MOSQUERA, ALEJANDRO  
Address: BOUCHARD PLAZA BUILDING 577-599 PISO 20  
City-St-Zip: BUENOS AIRES, ARGENTINA, BA C1106ABG AR

Title: D ( ) Delete  
Name: LAURIA ROMERO, PAULO  
Address: BOUCHARD PLAZA BUILDING 577-599 PISO 20  
City-St-Zip: BUENOS AIRES, ARGENTINA, BA C1106ABG AR

Title: D ( ) Delete  
Name: EGUIGUREN, IGNACIO  
Address: BOUCHARD PLAZA BUILDING 577-599 PISO 20  
City-St-Zip: BUENOS AIRES, ARGENTINA, BA C1106ABG AR

Title: D ( ) Delete  
Name: BILSKI, YANINA  
Address: BOUCHARD PLAZA BUILDING 577-599 PISO 20  
City-St-Zip: BUENOS AIRES, ARGENTINA, BA C1106ABG AR

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SN

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date