

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
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Title: () Change () Addition
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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

_____ Electronic Signature of Signing Officer or Director

P

04/01/2009

_____ Date