## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000010386

VILLARAN, PATRICIO

MIAMI, FL 33178

9935 NW 46TH ST NO 103

Name:

Address:

City-St-Zip:

FILED Aug 03, 2009 Secretary of State

Entity Name: PROMARINA PERU USA, INC. **Current Principal Place of Business: New Principal Place of Business:** 7600 SW 57TH AVE STE 304 S. MIAMI, FL 33143 **Current Mailing Address: New Mailing Address:** 7600 SW 57TH AVE STE 304 S. MIAMI, FL 33143 FEI Number: 26-1297668 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERTI, ALDO P 7600 SW 57TH AVE STE 304 S. MIAMI, FL 33143 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BERTI, ALDO F Name: Name: Address: 7600 SW 57TH AVE STE 304 Address: City-St-Zip: S. MIAMI, FL 33143 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: POLAMCO, ROBERTO C Name: Address: 11760 SW 40TH STREET STE 311 Address: City-St-Zip: MIAMI, FL 33175 City-St-Zip: Title: DS () Delete Title: () Change () Addition BOGANI, HUMBERTO Name: Name: 11348 QUAIL ROOST DR Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: DT ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALDO F BERTI P 08/03/2009