


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90061 033 ****70.00

DOCUMENT # N13802 1. Entity Name ARGENTINIAN LIONS CLUB INCORPORATED	
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Principal Place of Business 8877 COLLINS AVENUE 402 SURFSIDE FL 33154	Mailing Address P.O. BOX 546131 SURFSIDE FL 33154
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2. Principal Place of Business - No P.O. Box # 15191 SW 15 PLACE	3. Mailing Address 15191 SW 15 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State FL	City & State FL
Zip 33326	Country BROWARD
Zip 33326	Country

4. FEI Number 59-2738407	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALVAREZ, DANIEL 375 FAIRWAY DR MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
P YROSALINSKY, ERNESTO 8877 COLLINS AVENUE MIAMI FL 33154	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TD JUAN, TERAMO 8877 COLLINS AVE #402 SURFSIDE FL 33154	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
SD ALVAREZ, DANIEL 375 FAIRWAY DRIVE MIAMI BEACH FL 33141	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: 	4.19.07 (305) 490-6147
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>