

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002539

FILED
May 05, 2009
Secretary of State

Entity Name: CLUB AREQUIPA DE LOS EE. UU., INC.

Current Principal Place of Business:

1865 79 ST CSWY 7B
NORTH BAY VILLAGE, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

1865 79 ST CSWY 7B
NORTH BAY VILLAGE, FL 33141 US

New Mailing Address:

FEI Number: 65-0761713 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:

VALDIVIA, SONNIA V
1865 79 ST CSWY
NORTH BAY VILLAGE, FL 33141 US

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: VALDIVIA, SONNIA V
Address: 1865 79 ST CSWY APT 7B
City-St-Zip: NORTH BAY VILLAGE, FL 33041

Title: VD () Delete
Name: ALETANDRO, RACE
Address: 5838 COLLINS AVE APT 7A
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD () Delete
Name: CHAVARRI, CLARA
Address: 1080 94ST APT 503
City-St-Zip: MIAMI BEACH, FL 33154

Title: SD () Delete
Name: ARTEAGA, LUZ M
Address: 10041 SW 16 ST
City-St-Zip: MIAMI, FL 33165

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:

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: SONNIA V. VALDIVIA

PD

05/05/2009

Electronic Signature of Signing Officer or Director

Date