

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002720

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: IFPI LATIN AMERICA, INC.

## Current Principal Place of Business:

10451 NW 117TH AVENUE  
105  
MIAMI, FL 33178 US

## New Principal Place of Business:

## Current Mailing Address:

10451 NW 117TH AVENUE  
105  
MIAMI, FL 33178

## New Mailing Address:

10451 NW 117TH AVENUE  
105  
MIAMI, FL 33178 US

FEI Number: 65-0593415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: VAZQUEZ, RAUL  
Address: 10451 NW 117TH AVENUE, SUITE 105  
City-St-Zip: MIAMI, FL 33178

Title: ST ( ) Delete  
Name: LUGO, ARMANDO  
Address: 10451 NW 117TH AVENUE, SUITE 105  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: ZABALA, INIGO  
Address: 555 WASHINGTON AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: NOLAN, JOHN  
Address: 10 PICADILLY  
City-St-Zip: LONDON, UK W1J0DD

Title: D ( ) Delete  
Name: KENNEDY, JOHN  
Address: 10 PICADILLY  
City-St-Zip: LONDON, UK W1J0DD

## 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:

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: ARMANDO LUGO

ST

03/20/2009

Electronic Signature of Signing Officer or Director

Date