

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003779

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: ARGENTINA ARTS ORGANIZATION, INC.

## Current Principal Place of Business:

3119 FOREST HILL BLV  
WEST PALM BEACH, FL 33406 US

## New Principal Place of Business:

## Current Mailing Address:

3119 FOREST HILL BLV  
WEST PALM BEACH, FL 33406 US

## New Mailing Address:

FEI Number: 65-0606383      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUNOZ, GABRIEL  
5129 EL CLARO SOUTH  
WEST PALM BEACH, FL 33415 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: P ( ) Delete  
Name: NAVARRO, JUAN C  
Address: 1314 STONEWAY LN  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP ( ) Delete  
Name: MAIALE, ELBA  
Address: 4777 BERTHA ST  
City-St-Zip: LAKE WORTH, FL 33461

Title: SD ( ) Delete  
Name: REAL, ALICIA Y  
Address: 260 SEVILLE RD  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: VSD ( ) Delete  
Name: MACORITTO, MARIA R  
Address: 6031 BARCIA WOOD CR  
City-St-Zip: LAKE WORTH, FL 33462

Title: T ( ) Delete  
Name: IEZZY, TONY  
Address: 2611 WEST EDGEWATER DR  
City-St-Zip: PALM BEACH GARDEN, FL 33410

Title: VT ( ) Delete  
Name: GULINO, MARIA  
Address: 5277 HELENE BRIDE  
City-St-Zip: BOYNTON BEACH, FL 33415

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: OCCHIONERO, MARIA D  
Address: 3810 NEWPORT AV  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VSD (X) Change ( ) Addition  
Name: MUNOZ, NOEMI R  
Address: 5126 CLARO SOUTH  
City-St-Zip: WEST PALM BEACH, FL 33415

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: JUAN C NAVARRO

P/D

04/28/2009

Electronic Signature of Signing Officer or Director

Date