2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N96000003205

Entity Name: ASOCIACION ARGENTINA DE LA BAHIA DE TAMPA, INC.

Current Principal Place of Business:

6540 GULFPORT BLVD
ST. PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 11137
ST. PETERSBURG, FL 33733

New Mailing Address:

6540 GULFPORT BLVD
ST. PETERSBURG, FL 33707

FEI Number: 59-3543143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMA LOPEZ
6540 GULFPORT BLVD
ST. PETERSBURG, FL 33707 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:	LOPEZ, NORMA	
Address:	6540 GULFPORT BLVD.	
City-St-Zip:	ST. PETERSBURG, FL 33707	
Title:	VP	( ) Delete
Name:	MOLINA, GABRIELA	
Address:	1992 ARVIS E. CIRCLE	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	T	( ) Delete
Name:	MENIS, ELIAS	
Address:	7050 SUNSET DRIVE, #605	
City-St-Zip:	SAINT PETERSBURG, FL 33707	
Title:	S	( ) Delete
Name:	RAHEB, DORA	
Address:	841 EDEN ISLE BLVD.	
City-St-Zip:	SAINT PETERSBURG, FL 33704	
Title:	D	( ) Delete
Name:	BALDI, SUSANA	
Address:	5842 RED CEDAR LN	
City-St-Zip:	TAMPA, FL 33625	
Title:	D	( ) Delete
Name:	BRAVO, GLADIS	
Address:	1484 SEAGULL DR., APT. 203	
City-St-Zip:	PALM HARBOR, FL 34685	

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:	
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: NORMA LOPEZ MRS 04/30/2008
Electronic Signature of Signing Officer or Director — Date