2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100330

MIAMI, FL 33144

City-St-Zip:

Entity Name: SUPERMERCADO ARGENTINA CORP

FILED Jul 02, 2009 Secretary of State

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|---------------------------------------------|-------------------------------------|------------------------------------------------------------------------|----------------------------------------------|---------------------------|----------------------------------------|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| 5798 SW 8 MIAMI, FL | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| P O BOX 4 DEERFIEL | 1933 ₋ D BEACH, FL | . 33442 | | | |
| FEI Number: | : 13-4212251 | FEI Number Applied For () | FEI Number Not App | licable () | Certificate of Status Desired () |
| Name and | Address of (| Current Registered Agent: | Name and | Address of | New Registered Agent: |
| | 2 AVE ALE, FL 3300 | | nurnoso of abanging | ita ragistaraa | Loffice or registered agent or both |
| | e of Florida. | submits this statement for the | purpose of changing i | its registered | I office or registered agent, or both, |
| SIGNATU | | | | | |
| | | nic Signature of Registered Ag | | | Date |
| | | 3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). | ot receive the prior notic | :е. | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | GOMEZ, LUĈI. PO BOX 4933 |) Delete ANA EACH, FL 33442 | Title: Name: Address: City-St-Zip: | BORQUEZ, 0 PO BOX 493 | |
| Title: Name: Address: City-St-Zip: | LOMBARDI, ĴO P O BOX 4933 | | Title: Name: Address: City-St-Zip: | | () Change () Addition |
| Title: Name: Address: City-St-Zip: | BORQUEZ, CF P O BOX 4933 | | Title: Name: Address: City-St-Zip: | GOMEZ, LUC P O BOX 493 | |
| Title: Name: Address: | VPD (ROJAS, FERN 5798 SW 8ST |) Delete ANDO | Title: Name: Address: | | () Change () Addition |

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CRISTIAN BORQUEZ P 07/02/2009