

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000116647

FILED
Mar 23, 2009
Secretary of State

Entity Name: AIRES DEL PLATA CORPORATION

Current Principal Place of Business:

1915 BRICKELL AVE.
C-C12
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1915 BRICKELL AVE.
C-C12
MIAMI, FL 33129

New Mailing Address:

FEI Number: 01-0750638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, PEDRO
1915 BRICKELL AVE.
C-C12
MIAMI, FL 33129 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALEZ, PEDRO
Address: 1915 BRICKELL AVE.
City-St-Zip: MIAMI, FL 33129

Title: VD () Delete
Name: FALZONE, JOSE CARLOS
Address: 1915 BRICKELL AVE.
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: GONZALEZ SERAFINI, ANDRES TOMAS
Address: 1915 BRICKELL AVE.
City-St-Zip: MIAMI, FL 33129

Title: S () Delete
Name: FALZONE, JOSE CARLOS
Address: 1915 BRICKELL AVE.
City-St-Zip: MIAMI, FL 33129

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

SIGNATURE: GONZALEZ PEDRO

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date