2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P03000088819

Entity Name: LA PATAGONIA, P.A.

Current Principal Place of Business:

6300 NORTH WICKHAM ROAD SUITE 130, PMB 174
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

6939 N. WICKHAM RD
MELBOURNE, FL 32940

New Mailing Address:

6300 NORTH WICKHAM ROAD SUITE 130, PMB 174
MELBOURNE, FL 32940

FEI Number: 57-1184259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHECHTMANN, NORBERTO SIMON
6300 NORTH WICKHAM ROAD SUITE 130
MELBOURNE, FL 32940 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: D ( ) Delete
Name: SCHECHTMANN, NORBERTO SIMON
Address: 7775 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete
Name: SCHECHTMANN, FE OLYMPIA
Address: 7775 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: SCHECHTMANN, NORBERTO SIMON
Address: 1437 PINEAPPLE AVENUE UNIT # 801
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Change ( ) Addition
Name: SCHECHTMANN, FE OLYMPIA
Address: 1437 PINEAPPLE AVENUE UNIT #801
City-St-Zip: MELBOURNE, FL 32935

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: NORBERTO SIMON SCHECHTMANN DR 04/06/2009

Electronic Signature of Signing Officer or Director — Date