2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P04000131601

Entity Name: SILVESTRINI CORP.

Current Principal Place of Business:

901 PONCE DE LEON BLVD., SUITE 501
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BLVD., SUITE 501
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IRIONDO, ANDRES J
901 PONCE DE LEON BLVD., SUITE 501
CORAL GABLES, FL 33134 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: SILVESTRINI, MARCELO A
Address: PEDRO LOZANO 3386, 1417-BUENOS AIRES
City-St-Zip: CAPITAL FEDERAL-ARGENTINA, CF

Title: TSD ( ) Delete
Name: SILVESTRINI, FERNANDO E
Address: VELEZ SARSFIELD 922, 1640-MARTINEZ
City-St-Zip: BUENOS AIRES-ARGENTINA, BA

Title: VD ( ) Delete
Name: SILVESTRINI, ENRIQUE O
Address: LLAVALLOL 2730 7 A, 1417-BUENOS AIRES
City-St-Zip: CAPITAL FEDERAL-ARGENTINA, CF

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:

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: MARCELO SILVESTRINI PD 04/28/2009
Electronic Signature of Signing Officer or Director — Date