



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT # P04000140472</b> |  |
| 1. Entity Name<br>NUCHA, CORP. |   |

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|--|--|
| Principal Place of Business<br>3120 COLLINS AVE., SUITE 406<br>MIAMI BCH, FL 33139 | Mailing Address<br>3120 COLLINS AVE., SUITE 406<br>MIAMI BCH, FL 33139 |
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|  |                                       |
|--|---------------------------------------|
|  |                                       |
| 01302007 No Chg-P CR2E034 (11/05)  |                                       |
| 4. FEI Number<br>20-1749563  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | <b>\$8.75</b> Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>GUZMAN, MARIO I<br>9130 S. DADELAND BLVD., SUITE 1504<br>MIAMI, FL 33156 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>TRIPODI, SALVADOR<br>JOSE PEDRO VARELA 3480<br>CAPITAL FEDERAL, ARGENTINA 141, L |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>RABAZA, LUCIANO<br>NAVARRO 3759<br>CAPITAL FEDERAL, ARGENTINA 141, L             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>RABAZA, FEMIN ANTONIO<br>NAVARRO 3759<br>CAPITAL FEDERAL, ARGENTINA 141, L       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Salvador Tripodi **SALVADOR TRIPODI** President 01/30/07 3056724011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #