# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2009**
**Secretary of State**

DOCUMENT# P04000140472

**Entity Name:** NUCHA, CORP.

**Current Principal Place of Business:**

9130 S DADELAND BLVD
1600
NIGNI, FL 33156

**New Principal Place of Business:**

9130 S DADELAND BLVD
1600
MIAMI, FL 33156

**Current Mailing Address:**

9130 S DADELAND BLVD
1600
NIGNI, FL 33156

**New Mailing Address:**

9130 S DADELAND BLVD
1600
MIAMI, FL 33156

**FEI Number: 20-1749563** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUZMAN, MARIO I
9130 S. DADELAND BLVD., SUITE 1504
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

GUZMAN, MARIO I
9130 S. DADELAND BLVD., SUITE 1600
MIAMI, FL 33156 US

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: _____ 04/23/2009
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: TRIPODI, SALVADOR
Address: JOSE PEDRO VARELA 3480
City-St-Zip: CAPITAL FEDERAL,ARGENTINA141,

Title: VD ( ) Delete
Name: RABAZA, LUCIANO
Address: NAVARRO 3759
City-St-Zip: CAPITAL FEDERAL,ARGENTINA141, L

Title: SD ( ) Delete
Name: RABAZA, FEMIN ANTONIO
Address: NAVARRO 3759
City-St-Zip: CAPITAL FEDERAL,ARGENTINA141, L

**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: SALVADOR TRIPODI PD 04/23/2009
Electronic Signature of Signing Officer or Director — Date