

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000031733

Entity Name: SMOWTION CO. CORP.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10305 NW 41ST STREET  
STE 219  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10305 NW 41ST STREET  
STE 219  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 26-2267847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ENTERPRISE RESOURCE PLANNING, INC.  
10305 NW 41ST STREET  
STE 219  
DORAL, FL 33178 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALTERINI, ANDRES A  
Address: PARAGUAY 2068 6TO PISO A  
City-St-Zip: BUENOS AIRES, CF 1121 AR

Title: VP  
Name: PINTO ESCALIER, SANTIAGO  
Address: SCALABRINI ORTIZ 3050 4TO PISO  
City-St-Zip: BUENOS AIRES, CF 1425 AR

Title: D  
Name: MELITON ELIZARI, MARIANO  
Address: ARENALES 3800 18 PISO DPTO G  
City-St-Zip: BUENOS AIRES, CF 1425 AR

I hereby 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 all other like empowered.

SIGNATURE: ALTERINI ANDRES A

P

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date