2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P12035

Entity Name: HARAS SANTA MARIA DE ARARAS, S.A.

Current Principal Place of Business:

10599 N.W. 95TH ST.
OCALA, FL 32675

New Principal Place of Business:

Current Mailing Address:

551 FIFTH AVENUE
417
NEW YORK, NY 10176 US

New Mailing Address:

FEI Number: 13-3317148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEON, IGNACIO L.
HARAS SANTA MARIA DE ARARAS, SA
10599 N.W. 95TH ST.
OCALA, FL 32675 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:	DE ARAGAO BOZANO, JULIO RAFAEL	
Address:	AVENIDA RIO BRANCO NO. 138, 30, ANDAR	
City-St-Zip:	RIO DE JANEIRO, RJ, BRAZIL, 20057	
Title:	VD	( ) Delete
Name:	BOZANO, PATRICIA G	
Address:	19 UPPER CROSS RD	
City-St-Zip:	GREENWICH, CT 06831	
Title:	V	( ) Delete
Name:	PAVLOVSKY, IGNACIO	
Address:	POSADAS 1359, 10PISO, B	
City-St-Zip:	BUENOS AIRES, ARGENTINA CP, 1112	
Title:	V	( ) Delete
Name:	LOPEZ, MARTA E	
Address:	551 FIFTH AVENUE, SUITE # 417	
City-St-Zip:	NEW YORK, NY 10176	
Title:	ST	( ) Delete
Name:	ROMERO, LUIS ALFREDO	
Address:	551 FIFTH AVENUE, SUITE # 417	
City-St-Zip:	NEW YORK, NY 10176	

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:	
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: LUIS ALFREDO ROMERO ST 04/23/2009

Electronic Signature of Signing Officer or Director — Date