


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 725287
 1. Entity Name
NATIONAL ASSOCIATION OF AGRONOMIC AND SUGAR ENGINEERS OF CUBA IN EXILE, INC.



Principal Place of Business 6401-D SW 116 CT MIAMI FL., 33173-1735	Mailing Address C/O RAMON GOMEZ, CPA 782 NW 42 AVE, SUITE 447 MIAMI, FL 33126 US
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01302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2439182	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 QUESADA, MIGUEL A.
 6401 SW 116 CT
 MIAMI FL., FL 33173

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

00000077748
 03/05/04-80056-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALDERI, CARLOS 7741 S.W 18TH TERRACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENRIQUE, SIMON B 2520 SW 64TH AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERA, ACUNA 533 EAST 18TH ST HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRENO, PABLO A 9321 SW 69TH ST MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAVO, JORGE 3501 SW 109TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUESADA, MIGUEL A 6401 SW 116TH CT MIAMI, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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:  Director **01/30/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #