

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000485

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: FEDERACION AMERICANA DE SOCIEDADES AGROQUIMICAS, INC.

## Current Principal Place of Business:

23395 INDUSTRIAL PARK UNIT 16  
PORT CHARLOTTE, FL 33980

## New Principal Place of Business:

## Current Mailing Address:

23395 INDUSTRIAL PARK UNIT 16  
PORT CHARLOTTE, FL 33980

## New Mailing Address:

FEI Number: 26-2608745      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, ROGER H III,ESQ  
FARR, FARR, EMERICH, HACKETT & CARR PA  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

## Name and Address of New Registered Agent:

MILLER, ROGER H III  
FARR, FARR, EMERICH, HACKETT & CARR PA  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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: ROGER H. MILLER III

04/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: LOPEZ, JOSE A  
Address: 23395 JANICE AVE UNIT 16  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D      ( ) Delete  
Name: LOPEZ, GERRY L  
Address: 23395 JANICE AVE UNIT 18  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D      ( ) Delete  
Name: LUNA, MONICA  
Address: 23395 JANICE AVE UNIT 16  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D      ( ) Delete  
Name: CEPEDA, JORGE  
Address: 7300 NORTH KENDALL DRIVE SUITE 521  
City-St-Zip: MIAMI, FL 33156

Title: D      ( ) Delete  
Name: PEREZ, JUAN M  
Address: KM 1 1/2 VIA DURAN TAMPO  
City-St-Zip: GUAYQUIL, ECUADOR SA,

Title: D      ( ) Delete  
Name: SAY, VICENTE C  
Address: AVENIDA OSCAR BENAVIDES (EXDIAGONAL)  
City-St-Zip: 380, OFICINA 701 LIMA PERU,

## 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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE A. LOPEZ

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date