

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835972

FILED  
Mar 14, 2011  
Secretary of State

**Entity Name:** LATIN AMERICAN AGRIBUSINESS DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

520 BRICKELL KEY DRIVE  
SUITE O-301  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

520 BRICKELL KEY DRIVE  
SUITE O-301  
MIAMI, FL 33131 US

**New Mailing Address:**

**FEI Number:** 13-2662873      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DYMAX INTERNATIONAL SERVICES, INC.  
520 BRICKELL KEY DRIVE  
SUITE O-301  
MIAMI, FL 33131 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: FERNANDEZ, BENJAMIN  
Address: 520 BRICKELL KEY DRIVE,3301  
City-St-Zip: MIAMI, FL

Title: D  
Name: BILBAO, GUILLERMO G  
Address: 245 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10167

Title: C  
Name: BENITEZ, DAISY  
Address: 520 BRICKELL KEY DR, #301  
City-St-Zip: MIAMI, FL

Title: CFO  
Name: GIANNETTI, SANDRO  
Address: 520 BRICKELL KEY DR.,#301  
City-St-Zip: MIAMI, FL

Title: D  
Name: NISSEL, COLLEEN K  
Address: 180 E. BROAD STREET  
City-St-Zip: COLUMBUS, OH

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: RICARDO DEL GIGLIO

R.A.

03/14/2011

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

\_\_\_\_\_  
Date