

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000485

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC7671528239**

**Entity Name:** FEDERACION AMERICANA DE SOCIEDADES AGROQUIMICAS, INC.

**Current Principal Place of Business:**

23395 INDUSTRIAL PARK UNIT 16  
PORT CHARLOTTE, FL 33980

**Current Mailing Address:**

23395 INDUSTRIAL PARK UNIT 16  
PORT CHARLOTTE, FL 33980

**FEI Number: 26-2608745**

**Certificate of Status Desired: Yes**

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

MILLER III, ROGER HESQ.  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name LOPEZ, JOSE A  
Address 23395 JANICE AVE UNIT 16  
City-State-Zip: PORT CHARLOTTE FL 33980

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

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

Title D  
Name CARRANZA, CARLOS  
Address COLONIA FLORENCIA NORTE  
2 Y 3 AVE. ZONA 4 CICLO F EDIFICIO  
VACADI PISO NO. 3 APTO. NO. 3  
City-State-Zip: TEGUCIGALPA TEQUC-IQEL

Title DIRECTOR  
Name MAYOL, DIEGO A  
Address PARAGUAY 1225, PISO 10,  
City-State-Zip: BUENOS AIRES

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

**SIGNATURE: MONICA LUNA**

**DIRECTOR**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date