2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725287

FILED Apr 21, 2009 Secretary of State

Entity Name: NATIONAL ASSOCIATION OF AGRONOMIC AND SUGAR ENGINEERS OF CUBA IN EXILE, INC.

Current Principal Place of Business: New Principal Place of Business: 6401-D SW 116 CT 6401-D SW 116 CT MIAMI, FL 33173 MIAMI FL., 331731735 **Current Mailing Address: New Mailing Address:** 1400 SW 27TH AVENUE SUITE 102 MIAMI, FL 33145 FEI Number: 59-2439182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: QUESADA, MIGUEL A 6401 SW 116 CT MIAMI FL., FL 33173 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BALDERI, CARLOS BALERDI, CARLOS Name: Name: 7741 S.W 18TH TERRACE Address: 7741 S.W 18TH TERRACE Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155 Title: Title: () Delete () Change () Addition ENRIQUE, SIMON B Name: Name: Address: 2520 SW 64TH AVE Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: () Delete Title: () Change () Addition JORGE, BRAVO Name: Name: 3501 SW 109TH AVE Address: Address: City-St-Zip: MIAMI, FL 33165 City-St-Zip: Title: () Delete Title: () Change () Addition CARRENO, PABLO Name: Name: 9321 SW 69TH ST Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: () Delete Title: () Change () Addition QUESADA, MIGUEL A Name: Name: 6401 SW 116 CT Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: () Delete Title: () Change () Addition GONZALEZ, TOMAS Name: Name: Address: 8117 SW 136 PL Address: MIAMI, FL 33183 City-St-Zip: 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: CARLOS BALERDI P 04/21/2009