


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # N96000001912 1. Entity Name PRODUCTORES DE AZUCAR DE CUBA, INC.	
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Principal Place of Business 6255 BIRD ROAD MIAMI, FL 33155 US	Mailing Address 212 SW 20 RD MIAMI, FL 33129 US
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02272008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0676545	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 ZULUETA, IGNACIO G 6255 BIRD RD MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

000000843805
03/12/08 180010-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, LIANA 4250 INGRAHAM HIGHWAY COCONUT GROVE, FL 33136718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, EMMA R 4250 INGRAHAM HIGHWAY MIAMI, FL 33138718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUILA, PERCY 6741 SW 13 ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZULUETA, FERNANDO 212 SW 20TH RD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-08
Date

Daytime Phone #