



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000003633	
1. Entity Name FEDERACION NACIONAL DE TRABAJADORES AZUCAREROS DE CUBA INC,	

Principal Place of Business 380 E. 35TH STREET, APT. 10 HIALEAH, FL 33013	Mailing Address 2330 NW 9 ST APT 13 MIAMI, FL 33125
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0849530	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NARANJO, RAFAEL
2330 NW 9ST APT 13
MIAMI, FL 33125**

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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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDEZ, ALFREDO 3220 NW 14 TERR MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAGO, TOMAS E 19801 NW 44 AVE OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISCO, JOSE D 350 E 35TH ST APT 10 HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NARANJO, RAFAEL 2330 NW 9 ET ABIS MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, JOSE A 380 E 35 ST APT 10 HIALEAH, FL 33083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAVA, ALIVIO 8943 NW 119 TERRACE MIAMI, FL 33078

0000000606725
01/31/07-80008-015 61.25

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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: Rafael Naranjo PD Rafael Naranjo (786)246-5270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #