2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000003633

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

Principal Place of Business	Mailing Address
380 E. 35TH STREET, APT. 10 HIALEAH, FL 33013	2330 NW 9 ST APT 13 MIAMI, FL 33125

01152008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0849530
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

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

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01/22/08-80028-010 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-D Rafael Naranjo PD 1/15/08 (305) 642-493P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #