

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003633

FILED  
Jul 27, 2009  
Secretary of State

**Entity Name:** FEDERACION NACIONAL DE TRABAJADORES AZUCAREROS DE CUBA INC,

**Current Principal Place of Business:**

380 E. 35TH STREET, APT. 10  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

2330 NW 9 ST APT 13  
MIAMI, FL 33125

**New Mailing Address:**

**FEI Number:** 65-0849530      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

Title: SD      ( ) Delete  
Name: FERNANDEZ, ALFREDO  
Address: 3220 NW 14 TERR  
City-St-Zip: MIAMI, FL 33125

Title: TD      ( ) Delete  
Name: LAGO, TOMAS E  
Address: 19801 NW 44 AVE  
City-St-Zip: OPA LOCKA, FL 33055

Title: D      ( ) Delete  
Name: RISCO, JOSE D  
Address: 350 E 35TH ST APT 10  
City-St-Zip: HIALEAH, FL 33013

Title: PD      ( ) Delete  
Name: NARANJO, RAFAEL  
Address: 2330 NW 9 ET ABIS  
City-St-Zip: MIAMI, FL 33125

Title: D      ( ) Delete  
Name: COSTA, JOSE A  
Address: 380 E 35 ST APT 10  
City-St-Zip: HIALEAH, FL 33083

Title: D      ( ) Delete  
Name: ALAVA, ALIVIO  
Address: 8943 NW 119 TERRACE  
City-St-Zip: MIAMI, FL 33078

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: RAFAEL NARANJO

PRES

07/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date