## 2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001076

Entity Name: CROPLIFE LATIN AMERICA, INC.

**Current Principal Place of Business:** 

CSC-LAWYERS INCORPORATED SERVICE COMPANY 7 ST PAUL STREET SUITE 820 BALTIMORE, MD 21202

**Current Mailing Address:** 

6703 NW 7TH ST #SJO 40223 MIAMI, FL 33126 US

FEI Number: 52-2290427 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERDOMO, JOSE R 6703 NW 7TH ST #SJO 40223 MIAMI, FL 33126 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: JOSE R. PERDOMO 01/10/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VC

Name PERDOMO, JOSE R Name PEREIRA, RONALDO

6703 NW 7TH ST 6703 NW 7TH ST Address Address #SJO 40223

#SJO 40223

City-State-Zip: MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

Title **CHAIRMAN** Title **DIRECTOR** 

Name VIZOSO, SERGI Name LLOBAT, JUANPABLO

Address 6703 NW 7TH ST - #SJO 40223 Address 6703 NW 7TH ST #SJO 40223

City-State-Zip: MIAMI FL 33126

City-State-Zip: MIAMI FL 33126

Title DIRECTOR Title **TREASURER** 

RODRIGUES, MAURICIO Name FABRETTI, JOSE Name 6703 NW 7TH ST Address

6703 NW 7TH ST Address #SJO 40223

#SJO 40223 MIAMI FL 33126

City-State-Zip: MIAMI FL 33126

Title DIRECTOR

City-State-Zip:

Name MUNOZ, ALEJANDRO

Address 6703 NW 7TH ST

#SJO 40223

above, or on an attachment with all other like empowered.

City-State-Zip: MIAMI FL 33126

I hereby 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

SIGNATURE: PERDOMO, JOSE R PRESIDENT & CEO 01/10/2023

**FILED** Jan 10, 2023

**Secretary of State** 

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