


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90390 022 \*\*\*150.00

**DOCUMENT # 248674**  
 1. Entity Name  
**NEW HOPE SUGAR COMPANY**



Principal Place of Business      Mailing Address  
**ONE NORTH CLEMATIS STREET**      **ONE NORTH CLEMATIS STREET**  
**SUITE 200**      **SUITE 200**  
**WEST PALM BEACH, FL 33401 US**      **WEST PALM BEACH, FL 33401 US**

**40062129**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02102005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-0936637**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>TABERNILLA, ARMANDO A</b> <b>ONE NORTH CLEMATIS ST</b> <b>SUITE 200</b> <b>WEST PALM BEACH, FL 33401</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNANDEZ, OSCAR R.			NAME			
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP			
TITLE	DVS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TABERNILLA, ARMANDO A			NAME			
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLOMQUIST, ERIK J			NAME			
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP			
TITLE	DEV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARSON, DONALD W			NAME			
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	EV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, LUIS J			NAME			
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RECIO, ALBERTO S			NAME			
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Armando A. Tabernilla      Date: 2/15/05      Daytime Phone #: 561-655-63033

(CONTINUED)

# ATTACHMENT

ATTACHMENT TO

2005 ANNUAL REPORT

**DOCUMENT #248674**

I. Corporation Name

NEW HOPE SUGAR COMPANY

40062129

- CONTINUED

ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	V/AS Ross, Daniel D., Esq. One North Clematis St., Suite 200 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	V Ryan, IV, Allan A. One North Clematis St., Suite 200 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP	V/AS William F. Tarr One North Clematis St., Suite 200 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition