



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90052 029 \*\*\*150.00

**24056322**



|   |                                      |  |  |   |  |
|---|--------------------------------------|--|--|---|--|
| <b>DOCUMENT # 250876</b>  |                                      |  |  |  |  |
| 1. Entity Name<br>CLOSTER FARMS INC   |                                      |  |  |   |  |
| Principal Place of Business<br>ONE NORTH CLEMATIS ST<br>SUITE 200<br>WEST PALM BEACH, FL 33401  |                                      |  | Mailing Address<br>ONE NORTH CLEMATIS ST<br>SUITE 200<br>WEST PALM BEACH, FL 33401                           |   |  |
| 2. Principal Place of Business  |                                      |  | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |                                      |  | Suite, Apt. #, etc.  |   |  |
| City & State  |                                      |  | City & State   |   |  |
| Zip   | Country                              | Zip  | Country  | 03092004 Chg-P CR2E034 (10/03)  |  |
| 4. FEI Number<br>59-0927006   |                                      |  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                      |  |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent   |                                      |  | 7. Name and Address of New Registered Agent  |   |  |
| TABERNILLA, ARMANDO A<br>ONE NORTH CLEMATIS ST<br>SUITE 200<br>WEST PALM BEACH, FL 33401  |                                      |  | Name   |   |  |
|   |                                      |  | Street Address (P.O. Box Number is Not Acceptable)   |   |  |
|   |                                      |  | City   |   |  |
|   |                                      |  | FL 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                      |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>   |                                      |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STE 200        |  |  | STREET ADDRESS  |  |
| CITY-ST-ZIP   | WEST PALM BEACH, FL 33401            |  |  | CITY-ST-ZIP   |  |
| TITLE   | VAS <input type="checkbox"/> Delete  |  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | ROSS, DANIEL D ESQ                   |  |  | NAME  |  |
| STREET ADDRESS  | ONE NORTH CLEMATIS ST STE 200        |  |  | STREET ADDRESS  |  |
| CITY-ST-ZIP   | WEST PALM BEACH, FL 33401            |  |  | CITY-ST-ZIP   |  |
| TITLE   | V <input type="checkbox"/> Delete    |  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | RYAN, ALLAN IV                       |  |  | NAME  |  |
| STREET ADDRESS  | ONE NORTH CLEMATIS ST STE 200        |  |  | STREET ADDRESS  |  |
| CITY-ST-ZIP   | WEST PALM BEACH, FL 33401            |  |  | CITY-ST-ZIP   |  |
| TITLE   | VAS <input type="checkbox"/> Delete  |  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | TARR, WILLIAM F                      |  |  | NAME  |  |
| STREET ADDRESS  | ONE NORTH CLEMATIS ST STE 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 STE 200        |  |  | STREET ADDRESS  |  |
| CITY-ST-ZIP   | WEST PALM BEACH, FL 33401            |  |  | CITY-ST-ZIP   |  |
| TITLE   | DEVA <input type="checkbox"/> Delete |  |  | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | CARSON, DONALD W                     |  |  | NAME  | DEV Carson, Donald W.  |
| STREET ADDRESS  | ONE NORTH CLEMATIS ST STE 200        |  |  | STREET ADDRESS  | One North Clematis St., Ste 200  |
| CITY-ST-ZIP   | WEST PALM BEACH, FL 33401            |  |  | CITY-ST-ZIP   | West Palm Beach, FL 33401  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, Vice President 3/10/04 561-655-6303 |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                      | <small>Date</small>  |  | <small>Daytime Phone #</small>  |  |

Attachment

ATTACHMENT TO  
2004 ANNUAL REPORT

24656322

DOCUMENT #250876

1. Corporation Name

CLOSTER FARMS INC.

- CONTINUED

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

|                |                                   |
|----------------|-----------------------------------|
| TITLE          | V/T                               |
| NAME           | Blomqvist, Erik J.                |
| STREET ADDRESS | One North Clematis St., Suite 200 |
| CITY-ST-ZIP    | West Palm Beach, FL 33401         |
| TITLE          | V                                 |
| NAME           | Fernandez, Luis J.                |
| STREET ADDRESS | One North Clematis St., Suite 200 |
| CITY-ST-ZIP    | West Palm Beach, FL 33401         |
| TITLE          | D/V/S                             |
| NAME           | Tabernilla, Armando A.            |
| STREET ADDRESS | One North Clematis St., Suite 200 |
| CITY-ST-ZIP    | West Palm Beach, FL 33401         |