


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # F23392
 1. Entity Name
SEM-CHI RICE PRODUCTS CORP.



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



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2070301 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TABERNILLA, ARMANDO A
ONE NORTH CLEMATIS ST
SUITE 200
WEST PALM BEACH, FL 33401

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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 use if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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


10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RECIO, ALBERTO S
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VT
NAME	BLOMQVIST, ERIK J
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DEV
NAME	CARSON, DONALD W
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DVS
NAME	TABERNILLA, ARMANDO A
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	EV
NAME	FERNANDEZ, LUIS J
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	V
NAME	HERNANDEZ, OSCAR R
STREET ADDRESS	ONE NORTH CLEMATIS ST SUITE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

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 04/26/07-80102-011 150.00

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 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:  By: **Armando A. Tabernilla, V.P.** 4/17/07 561-655-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #