2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 26, 2004 08:00 AM Secretary of State DOCUMENT # P99000023376 1. Entity Name SUGARLAND FARMS, INC. Principal Place of Business Mailing Address 900 NORTH 22ND AVE. 900 NORTH 22ND AVE. HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 02232004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0989513 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MERINGOLO, WILLIAM T DO NOT WRITE 900 NORTH 22ND AVE. HOLLYWOOD, FL 33020 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE UNNDONO67454 MERINGOLO, WM NAME 112/26/04-80057-017 150.00 STREET ADDRESS 900 N 22 AVE CITY-ST-ZIP HOLLYWOOD, FL 33020 VPD TITLE MERINGOLO, SANDI NAME 900 N 22 AVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 a statement with an address, with all other like empowered.

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED