

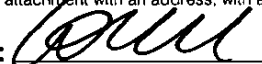


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-19-2005 90389 013 ****61.25

| | | | | | |
|---|-------------------------------|--|---|--|--|
| DOCUMENT # U00010 | | | |  | |
| 1. Entity Name SUGAR FARMS CO-OP | | | | | |
| Principal Place of Business ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401 | | | Mailing Address ONE NORTH CLEMATIS ST STE 200 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 | | | |
| 4. FEI Number 59-2518114 | | | | Applied For <input type="checkbox"/> 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 ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| 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) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| 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 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 | 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 A IV | | 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 | EV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERNANDEZ, LUIS J | | NAME | | |
| STREET ADDRESS | ONE NORTH CLEMATIS ST STE 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 | BLOMQVIST, ERIK J | | NAME | | |
| STREET ADDRESS | ONE NORTH CLEMATIS ST STE 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 617, 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. | | | | | |
| (CONTINUED) | | | | | |
| SIGNATURE:  | | Armando A. Tabernilla, VP | | 2/15/05 561-655-6303 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

ATTACHMENT

40062075

| |
|--|
| ATTACHMENT TO 2005 ANNUAL REPORT |
| DOCUMENT # U00010 <small>1. Corporation Name</small> |
| SUGAR FARMS CO-OP |

| - CONTINUED ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP | V/AS Tarr, William F., Esq. One North Clematis St., Suite 200 West Palm Beach, FL 33401 |
| TITLE NAME ✓ STREET ADDRESS CITY - ST-ZIP | D/V/S Tabernilla, Armando A. One North Clematis St., Suite 200 West Palm Beach, FL 33401 |
| TITLE NAME ✓ STREET ADDRESS CITY - ST-ZIP | V Hernandez, Oscar R. One North Clematis St., Suite 200 West Palm Beach, FL 33401 |
| TITLE NAME ✓ STREET ADDRESS CITY - ST-ZIP | V Hernandez, Oscar F. One North Clematis St., Suite 200 West Palm Beach, FL 33401 |