2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 08:00 AM Secretary of State

DOCUMENT # F79 1. Entity Name M.S.R. SUGARCANE FAI Principal Place of Business ONE NORTH CLEMATIS ST., STE 20 WEST PALM BEACH, FL 33401	RM, INC. Mailing A	ddress RTH CLEMATIS ST., STE ALM BEACH, FL 33401	200 US		Secret	ary of State
6. Name and Addr	WRITE IN T	HIS SPAC	<u>. </u>		Chg-P CR2	E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
CARSON, DONALD W. ONE NORTH CLEMĀTIS ST WEST PALM BEACH, FL 33		IN THIS	T WRIT	E		
8. The above named entily submits the obligations of registered agent SIGNATURE Signature, typed or printed name FILE NOW!!! FEE IS After May 1, 2005 Fee with the obligations of registered agent submits the obligation of registered agent submits and registered agent submits agent submits and registered agent submits age	s of registered agent and title if applicable \$150.00 9. E	***	Agent signature required cing \$5.		State of Florida. Tar	
10. OPST NAME CARSON, DONALE STREET ADDRESS ONE NORTH CLEN WEST PALM BEAC TITLE NAME STREET ADDRESS	MATIS ST., STE 200		, —— —— —— —— —— —— —— —— —— —— —— —— —— ——			:5 -008 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					T WRIT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		741				
12. I hereby certify that the information indicated on this report or suppler of the corporation or the receiver changed, or on an attachment with	n supplied with this filing does nental report is true and accur or trustee empowered to execu- n an address, with all other like	not qualify for the exem rate and that my signatu ute this report as require e empowered.	nption stated in Secure shall have the sa and by Chapter 607.	tion 119.07(3)(i), Florida ame legal effect as if ma Florida Statutes; and the	Statutes, I further ce de under oath; that I at my name appears	ertify that the information am an officer or director in Block 10 or Block 11 if

Donald W. Carson 2/24/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-655-6303