

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # 276594**

1. Entity Name  
**S. D. SUGAR CORP.**



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**



02122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1038102**

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 STE 200  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
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

**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	DVS
NAME	TABERNILLA, ARMANDO A
STREET ADDRESS	ONE NORTH CLEMATIS ST STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VT
NAME	BLOMQUIST, ERIK J
STREET ADDRESS	ONE NORTH CLEMATIS ST STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DP
NAME	RECIO, ALBERTO
STREET ADDRESS	ONE NORTH CLEMATIS ST STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	EV
NAME	FERNANDEZ, LUIS J
STREET ADDRESS	ONE NORTH CLEMATIS ST STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DEV
NAME	CARSON, DONALD W.
STREET ADDRESS	ONE NORTH CLEMATIS ST STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	V
NAME	RYAN, ALLAN A IV
STREET ADDRESS	ONE NORTH CLEMATIS ST STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

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04/26/07-80102-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 #