

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F79319**

1. Entity Name  
**M.S.R. SUGARCANE FARM, INC.**



Principal Place of Business

**ONE NORTH CLEMATIS ST., STE 200  
WEST PALM BEACH, FL 33401 US**

Mailing Address

**ONE NORTH CLEMATIS ST., STE 200  
WEST PALM BEACH, FL 33401 US**



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2201755**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CARSON, DONALD W.  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000910424  
05/06/08-80109-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE DS  
NAME CARSON, DONALD W  
STREET ADDRESS ONE NORTH CLEMATIS ST., STE 200  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE DP  
NAME DE LOS REYES, MIRTA  
STREET ADDRESS ONE NORTH CLEMATIS ST., STE 200  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE DVT  
NAME FANJUL, TINA  
STREET ADDRESS ONE NORTH CLEMATIS ST., STE 200  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: Donald W. Carson, Secretary

Date

4/10/08

(561) 366-5100

Daytime Phone #