

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 250876

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC9684442827**

**Entity Name:** CLOSTER FARMS INC

**Current Principal Place of Business:**

ONE NORTH CLEMATIS ST  
SUITE 200  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

ONE NORTH CLEMATIS ST  
SUITE 200  
WEST PALM BEACH, FL 33401

**FEI Number:** 59-0927006

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TABERNILLA, ARMANDO A  
ONE NORTH CLEMATIS ST  
SUITE 200  
WEST PALM BEACH, FL 33401 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FERNANDEZ, LILLIAN M  
Address ONE NORTH CLEMATIS ST  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name HERNANDEZ, OSCAR R  
Address ONE NORTH CLEMATIS ST  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title CHAIRMAN, DIRECTOR  
Name FANJUL PFEIFLER, EMILIA  
Address ONE NORTH CLEMATIS ST  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name RECIO, ALBERTO S  
Address ONE NORTH CLEMATIS ST  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name RYAN, MARIA CHRISTINA  
Address ONE NORTH CLEMATIS ST  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name TABERNILLA, ARMANDO A  
Address ONE NORTH CLEMATIS ST  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title OFFICER, SENIOR VICE PRESIDENT &  
TREASURER  
Name BLOMQUIST, ERIK J.  
Address ONE NORTH CLEMATIS ST  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARMANDO A. TABERNILLA

**DIRECTOR**

**03/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date