

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 356117

FILED
Apr 17, 2009
Secretary of State

Entity Name: TRUCANE SUGAR CORPORATION

Current Principal Place of Business:

1800 OLD OKEECHOBEE ROAD
SUITE 202
WEST PALM BEACH, FL 33409

New Principal Place of Business:

1800 OLD OKEECHOBEE ROAD
SUITE 201
WEST PALM BEACH, FL 33409

Current Mailing Address:

P O BOX 17918
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 59-1298017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD ESQ,WADE R
350 ROYAL PALM WAY
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: AZQUETA JR, NORBERTO
Address: 1800 OLD OKEECHOBEE RD #202
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S () Delete
Name: BYRD, WADE R.
Address: 350 ROYAL PALM WY
City-St-Zip: PALM BEACH, FL 33480

Title: CD () Delete
Name: VILAR, ERNESTO A
Address: 1800 OLD OKEECHOBEE RD #202
City-St-Zip: WEST PALM BEACH, FL 33409

Title: PD () Delete
Name: AZQUETA, ALFONSO
Address: 1800 OLD OKEECHOBEE RD #202
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: AZQUETA JR, NORBERTO
Address: 1800 OLD OKEECHOBEE RD #201
City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: VILAR, ERNESTO A
Address: 1800 OLD OKEECHOBEE RD #201
City-St-Zip: WEST PALM BEACH, FL 33409

Title: PD (X) Change () Addition
Name: AZQUETA, ALFONSO
Address: 1800 OLD OKEECHOBEE RD #201
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ERNESTO A VILAR

CD

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date