2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# 790984

Entity Name: FLORIDA MOLASSES EXCHANGE, INC.

Current Principal Place of Business:

2655 N. OCEAN DRIVE
SUITE 201
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

2655 N. OCEAN DRIVE
SUITE 201
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 59-1274057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALE, JOHN A
2655 N. OCEAN DRIVE
SUITE 201
RIVIERA BEACH, FL 33404 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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	RIONDA, CARLOS	
Address:	1 N CLEMATIS STREET, STE #200	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	( ) Delete
Name:	CARSON, DON	
Address:	1 N CLEMATIS STREET, STE #200	
City-St-Zip:	PALM BEACH, FL 33401	
Title:	TSD	( ) Delete
Name:	TABERNILLA, ARMANDO A	
Address:	1 N CLEMATIS STREET, STE #200	
City-St-Zip:	PALM BEACH, FL 33401	
Title:	PD	( ) Delete
Name:	CONTRERAS, ANTONIO	
Address:	PO BOX 666	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	AST	( ) Delete
Name:	HALE, JOHN A	
Address:	2655 N OCEAN DR, STE #201	
City-St-Zip:	RIVIERA BEACH, FL 33404	
Title:	VD	( ) Delete
Name:	FERNANDEZ, LUIS	
Address:	1 N CLEMATIS STREET, STE #200	
City-St-Zip:	WEST PALM BEACH, FL 33401	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	RECIO, ALBERTO	
Address:	1 N CLEMATIS STREET, STE #200	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	(X) Change ( ) Addition
Name:	HUNDLEY, JOHN	
Address:	PO BOX 666	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A HALE AST 04/30/2007

Electronic Signature of Signing Officer or Director — Date