▼ 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F23392

SEM-CHI RICE PRODUCTS CORP.



FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90501 041 ***150.00

Principal Piace of Instruments					COD WE	1200					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & Siste Si	ONE NORTH CLEMA SUITE 200	TIS ST	ONE NORTH CLEMATI SUITE 200		l US		, 		_	.	
City & State Name Name Name Name Name City City FL Zip Code City City City FL Zip Code City City City City City City City City FL Zip Code City	2. Principal Place of	Business	3. Mailing Address			:					
20p	Suite, Apt. #, etc.		Suite, Apt. #, etc.				03102004	Chg-P	CR2E	034 (10/03)	
TABERNILLA, ARMANDO A ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401 6. Name and Address of Current Registered Agent The aboven named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of r	City & State		City & State							- - ·	'
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TABERNILLA, ARMANDO A ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401 Sirvet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable in Title In Number is Not Acc	6. N	ame and Address of Current	Registered Agent	•			7. Name and	Address of New I	Registered	Agent	
Sire Address (P.O. Box Number is Not Acceptable) Sire Address (P.O. Box Number is Not Acceptable) City FL Zip Code					Name						
### City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### Signatura, hyea or printed name of registered agent and tife it applicable. (NOTE Registered Agent sequence required when remodaling)	ONE NORTH CLEMATIS ST			Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Eignafuth types or printed were of registered agent age									1 = 2		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Armando A. Tabernilla, Vice President

3/1:/04

561-655-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT TO 2004 ANNUAL REPORT POCUMENT # F23392

1. Corporation Name

SEM-CHI RICE PRODUCTS CORP.

CONTINUED ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
TITLE	V/AS				
NAME	Ross, Daniel D., Esq.				
STREET ADDRESS	One North Clematis St., Suite 200				
CITY-ST-ZIP	West Palm Beach, FL 33401				
TITLE	V				
NAME	Ryan, Allan A., IV				
STREET ADDRESS	One North Clematis St., Suite 200				
CITY-ST-ZIP	West Palm Beach, FL 33401				
TITLE	V/AS				
NAME	Tarr, William F., Esq.				
STREET ADDRESS	One North Clematis St., Suite 200				
CITY-ST-ZIP	West Palm Beach, FL 33401				
TITLE	V				
NAME	DeLuca, Michael				
STREET ADDRESS	One North Clematis St., Suite 200				
CITY-ST-ZIP	West Palm Beach, FL 33401				
TITLE	AT				
NAME	Ross, Amanda J.				
STREET ADDRESS	One North Clematis St., Suite 200				
CITY-ST-ZIP	West Palm Beach, FL 33401				