



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90050 015 \*\*\*150.00

<b>DOCUMENT # P04000090663</b>					
<b>1. Entity Name</b> LJR SUGAR INC.					
<b>Principal Place of Business</b> 815 N LOPEZ STREET CLEWISTON, FL 33440			<b>Mailing Address</b> 815 N LOPEZ STREET CLEWISTON, FL 33440		
<b>2. Principal Place of Business</b> 13507 SW 62 ST.		<b>3. Mailing Address</b> 13507 SW 62 ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04082005    Chg-P    CR2E034 (10/03)	
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL		<b>4. FEI Number</b> 20-1298274	
<b>Zip</b> 33183		<b>Country</b> Miami-Dade		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> DEL LOS RIOS, RIGOBERTO 815 N LOPEZ STREET CLEWISTON, FL 33440		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 13507 SW 62 ST. City    Miami    FL    Zip Code    33183			
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> DE LOS RIOS, RIGOBERTO		<b>TITLE</b> 	<b>NAME</b> 13507 SW 62 ST.	
<b>STREET ADDRESS</b> 815 N LOPEZ STREET	<b>CITY-ST-ZIP</b> CLEWISTON, FL 33440		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> Miami, FL 33183	
<b>TITLE</b> VD	<b>NAME</b> DE LOS RIOS, JACINTA M		<b>TITLE</b> 	<b>NAME</b> 13507 SW 62 ST.	
<b>STREET ADDRESS</b> 815 N LOPEZ STREET	<b>CITY-ST-ZIP</b> CLEWISTON, FL 33440		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> Miami, FL 33183	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.</b>					
<b>SIGNATURE: X</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #