2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90091 045 ***150.00

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1. Entity Name
DEMERARA DISTILLERS (USA) INC.

Principal Place of Business	Mailing Address
815 NW 57TH AVENUE #201 MIAMI, FL 33126 US	1837 SOUTH STATE ROAD 7 FORT LAUDERDALE, FL 33317 US

44032330

01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2325202
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMCHERITAR, NARINA
1837 SOUTH STATE ROAD 7
FORT LAUDERDALE, FL 33317

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00.

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	PERSAUD, YESU
STREET ADDRESS	44B HIGH ST., KINGSTON GEORGETOWN
CITY-ST-ZIP	GUYANA, SOUTH AMERICA,
TITLE	DP
NAME	SAMAROO, KOMAL R
STREET ADDRESS	44B HIGH ST., KINGSTON GEORGETOWN
CITY-ST-ZIP	GUYANA, SOUTH AMERICA,
TITLE	S
NAME	NATHOO, LORIS
STREET ADDRESS	44B HIGH ST KINGSTON GEORGETOWN
CITY-ST-ZIP	GUYANA SOUTH AMERICA,
TITLE	AS
NAME	LYE, PAULA
STREET ADDRESS	815 NW 57TH AVENUE #201
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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: Ramcharitar 3/18/04 954 797-6844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #