

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90167 001 ***300.00

DOCUMENT # P97000019576

1. Entity Name
DEMERRA DISTILLERS (USA) INC.



Principal Place of Business
**815 NW 57TH AVENUE #201
MIAMI, FL 33126 US**

Mailing Address
**1837 SOUTH STATE ROAD 7
FORT LAUDERDALE, FL 33317 US**

66005269



01212008 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
PERSAUD, YESU
44B HIGH ST., KINGSTON GEORGETOWN
GUYANA, SOUTH AMERICA,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SAMAROO, KOMAL R
44B HIGH ST., KINGSTON GEORGETOWN
GUYANA, SOUTH AMERICA,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
NATHOO, LORIS
44B HIGH ST KINGSTON GEORGETOWN
GUYANA SOUTH AMERICA,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
LYE, PAULA
815 NW 57TH AVENUE #201
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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/08

Date

786-275-0253

Daytime Phone #