

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058624

FILED
Jul 18, 2007
Secretary of State

Entity Name: CARIBBEAN TREASURES & MORE, LLC

Current Principal Place of Business:

6115 ANNO AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

6115 ANNO AVENUE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GUERRERO, RAFAEL L
6115 ANNO AVENUE
ORLANDO, FL 32809 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WORLDWIDE GOODS, LLC,
Address: 6115 ANNO AVENUE
City-St-Zip: ORLANDO, FL 32809

Title: MGRM () Delete
Name: GUERRERO, RAFAEL L
Address: 6115 ANNO AVENUE
City-St-Zip: ORLANDO, FL 32809

Title: MGRM () Delete
Name: GUERRERO, CATHERINE
Address: 6115 ANNO AVENUE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RAFAEL L. GUERRERO

MGRM

07/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date