

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000097074

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: CAREVACATIONS CARIBBEAN PORTS MEDICAL INC.

**Current Principal Place of Business:**

470 -K ANSIN BLVD  
HALLANDALE BEACH, FL 33009 US

**New Principal Place of Business:**

3321 SOUTH ANDREWS AVENUE  
# 26  
FORT LAUDERDALE, FL 33316 US

**Current Mailing Address:**

470 -K ANSIN BLVD  
HALLANDALE BEACH, FL 33009 US

**New Mailing Address:**

3321 SOUTH ANDREWS AVENUE  
# 26  
FORT LAUDERDALE, FL 33316 US

FEI Number: 59-3760060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARNETT, ANDREW J  
470-K ANSIN BLVD  
HALLANDALE BEACH, FL 33009 US

**Name and Address of New Registered Agent:**

GARNETT, ANDREW J  
3321 SOUTH ANDREWS AVENUE  
# 26  
FORT LAUDERDALE, FL 33316 US

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:

04/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GARNETT, ANDREW J  
Address: 470-K ANSIN BLVD  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: STILWELL, DONALD  
Address: 470-K ANSIN BLVD  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: GARNETT, ANDREW J  
Address: 3321 SOUTH ANDREWS AVENUE # 26  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: D (X) Change ( ) Addition  
Name: STILWELL, DONALD  
Address: 3321 SOUTH ANDREWS AVENUE # 26  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW J. GARNETT

D

04/06/2005

Electronic Signature of Signing Officer or Director

Date