

03-26-2003 90153 038 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000077154</b> 1. Entity Name <b>CARIBBEAN SUCCESS VENTURES, INC.</b>				
Principal Place of Business 1718 GLENWOOD STREET NE PALM BAY, FL 32907		Mailing Address 1718 GLENWOOD STREET NE PALM BAY, FL 32907		
2. Principal Place of Business <b>4712 Crew Circle</b>		3. Mailing Address <b>4712 Crew Circle</b>		
Suite, Apt. #, etc. <b>#3</b>		Suite, Apt. #, etc. <b>#3</b>		
City & State <b>West Melbourne FL</b>		City & State <b>West Melbourne FL</b>		
Zip <b>32904</b>		Zip <b>32904</b>		
Country <b>Brevard</b>		Country <b>Brevard</b>		
4. FEI Number <b>75-3079089</b>		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				
6. Name and Address of Current Registered Agent  <b>LATTIBEAUDIERE, ANDREA</b> 600 LARCH CIRCLE NE #104 PALM BAY, FL 32906		7. Name and Address of New Registered Agent Name <b>Claude B. Stewart</b> Street Address (P.O. Box Number is Not Acceptable) <b>4712 Crew Circle #3</b>  City <b>West Melbourne FL</b> Zip Code <b>32904</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.  SIGNATURE: <u><i>Claude Stewart</i></u> <b>PRESIDENT/DIRECTOR</b> <b>03/24/03</b> DATE				
FILE NOW!!!! FEE IS \$150.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP NAME STEWART, CLAUDE B STREET ADDRESS 1718 GLENWOOD STREET NE CITY-ST-ZIP PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE DP NAME STEWART CLAUDE B STREET ADDRESS 4712 CREW CIRCLE #3 CITY-ST-ZIP WEST MELBOURNE FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DTS NAME STEWART, JACQUELINE L STREET ADDRESS 1718 GLENWOOD STREET NE CITY-ST-ZIP PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE DTS NAME STEWART JACQUELINE STREET ADDRESS 4712 CREW CIRCLE #3 CITY-ST-ZIP WEST MELBOURNE FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 3 ALTHEA STEWART 18610 NW 9th AVE MIAMI FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Claude Stewart</i></u> <b>CLAUDE STEWART</b> <b>03/24/03</b> <b>321-725-4891</b>				

CR2E034 (10/02)