

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000139697

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** CARIBBEAN TOP TASTE CUISINE, INC.

**Current Principal Place of Business:**

316 WEST MANGO ST  
LANTANA, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

316 WEST MANGO ST  
LANTANA, FL 33462

**New Mailing Address:**

**FEI Number:** 83-0416698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RHODEN, FITZROY  
1437 BLUE CLOVER LANE  
WEST PALM BEACH, FL 33415 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RHODEN, FIZROY  
Address: 1437 BLUE CLOVER LANE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: V  
Name: BUCHANAN, JACQUELINE  
Address: 1437 BLUE CLOVER LANE  
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE RHODEN

VP

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date