

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000081371

**Entity Name:** 4 CORNERS CARIBBEAN PLAZA, INC.

**Current Principal Place of Business:**

9722 WEST HWY 192  
CLERMONT, FL 34714

**Current Mailing Address:**

P.O. BOX 135637  
CLERMONT, FL 34713

**FEI Number:** 51-0481344

**Certificate of Status Desired:** No

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

CARMENATE, OSVALDO  
15301 GRAND HAVEN DR  
CLERMONT, FL 34714 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            CARMENATE, OSVALDO  
Address        P.O. BOX 135637  
City-State-Zip: CLERMONT FL 34713

Title            SECRETARY  
Name            CARMENATE, JOSHUA J  
Address        P.O. BOX 135637  
City-State-Zip: CLERMONT FL 34713

Title            VICE-PRESIDENT  
Name            CARMENATE, JEREMY  
Address        P.O. BOX 135637  
City-State-Zip: CLERMONT FL 34713

Title            TREASURER  
Name            CARMENATE, NICOLE  
Address        P.O. BOX 135637  
City-State-Zip: CLERMONT FL 34713

*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:** OSVALDO CARMENATE

**PRESIDENT, CEO**

**03/07/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date