



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90010 027 ***150.00

DOCUMENT # 512468 1. Entity Name CARIB SALES, INC.					
Principal Place of Business 13185 N.W. 47TH AVE. OPA LOCKA, FL 33054			Mailing Address 13185 N.W. 47TH AVE. OPA LOCKA, FL 33054		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1702227	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRIGER, MOISES 2000 ISLAND BLVD #2501-2502 N MIAMI BEACH, FL 33160			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRIGER, MOISES 2000 ISLAND BLVD, #2501-2502 N MIAMI BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13185 NW 47th Avenue OPA LOCKA, FL 33054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRIGER, FRANK J 19474 39TH AVE N MIAMI BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13185 NW 47th Avenue OPA LOCKA, FL 33054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRIGER, LIDIA 2000 ISLAND BLVD #2501-2502 N MIAMI BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13185 NW 47th Avenue OPA LOCKA, FL 33054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRIGER, NELSON E 18151 NE 31ST COURT, APT 1908 AVENTURA, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13185 NW 47th Avenue OPA LOCKA, FL 33054	
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:  Frank J Kriger SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/13/04 (305) 688-5731 Date Daytime Phone #		

54000774



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