


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 05, 2005 8:00 am
Secretary of State

06-15-2005 90093 034 ***150.00

DOCUMENT # 573770			
1. Entity Name CARIB SEA, INC.			
Principal Place of Business 5801 SW 128 ST P.O. BOX 570269 MIAMI, FL 33257 MIAMI, FL 33156		Mailing Address PO BOX 13359 FT PIERCE, FL 34979	
2. Principal Place of Business 3501 Industrial 27th St		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State Fort Pierce, FL		City & State	
Zip 34946	Country U.S.A.	Zip	Country
4. FEI Number 59-1820708		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENFIELD, NANCY P 5801 SW 128 ST MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3107 S. Indian River Dr. City Fort Pierce FL Zip Code 34982	
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 <i>Nancy P. Greenfield</i> Nancy P. Greenfield, ST 6/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENFIELD, RICHARD 5801 SW 128 ST MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3107 S. Indian River Dr. FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREENFIELD, NANCY P 5801 SW 128 ST MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3107 S. Indian River Dr. FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENFIELD, BETSEY 5643 S INDIAN RIVER DR FORT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5643 S. Indian River Dr Ft Pierce, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENFIELD, RICHARD M. JR 5309 S INDIAN RIVER DR FORT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5309 S. Indian River Dr Ft Pierce, FL 34982
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: <i>Nancy P. Greenfield</i> Nancy P. Greenfield		Date 6/10/05 772.461.1113	



ATTACHMENT

#573770

66024174

Your Aragonite Source

p.o. box 13359
ft. pierce, florida 34979-3359
(888) 461-1113
fax: (772) 461-1986

July 1, 2005

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document #573770

To Whom It May Concern:

On June 10th, I filed our 2005 annual report and included a check in the amount of \$150.00. I am now receiving notification that a \$400.00 late fee has been incurred. Please note that in accordance with 607.193(2)(b), F.S. our corporation did not receive prior notice and will allow us to file late with a due date of September 7th.

Necessary precautions have been made to make sure that 2006 will be filed appropriately by the May 1st deadline.

Sincerely,

Nancy P. Greenfield
Secretary/Treasurer