

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90242 033 \*\*\*150.00

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04222005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F00000005372</b> 1. Entity Name <b>KRAFT FOODS CARIBBEAN SALES CORP.</b>					
Principal Place of Business <b>THREE LAKES DRIVE N3E NORTHFIELD, IL 60093</b>			Mailing Address <b>THREE LAKES DRIVE TAX DEPT. NF15 NORTHFIELD, IL 60093</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc. <b>Tax Dept. NF602</b>  City & State  Zip      Country		4. FEI Number <b>13-3608693</b>  Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MONTEAGUDO, EDUARDO</b> <b>ONE ALHAMBRA PLAZA-SUITE 725</b> <b>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MONTEAGUDO, EDUARDO</b> <b>ONE ALHAMBRA PLAZA SUITE 725</b> <b>MIAMI, FL 33134</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Krista A. Endres</b> <b>Three Lakes Drive</b> <b>Northfield, IL 60093</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HODGES, PHILIP A</b> <b>800 WESTCHESTER AVENUE</b> <b>RYE BROOK, NY 10573</b> <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	<b>VP</b> <b>NACARINI, AUGUSTO</b> <b>800 WESTCHESTER AVENUE</b> <b>RYE BROOK, NY 10573</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>VAZQUEZ, ANTONIO</b> <b>800 WESTCHESTER AVENUE</b> <b>RYE BROOK, NY 10573</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SMITH, CHARLES</b> <b>800 WESTCHESTER AVE.</b> <b>RYE BROOK, NY 10573</b> <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.					
<b>SIGNATURE</b>		<b>Krista A. Endres</b>		<b>4/27/05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

(847) 646-2053