


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000006979  
 1. Entity Name  
**CARIBBEAN FOUNDATION FOR BIO-CARE INCORPORATED**



Principal Place of Business      Mailing Address  
**OCEAN VILLAGE SHOPPING CENTER**      **18925 NW 63RD COURT CIR.**  
**SHOP #54**      **MIAMI, FL 33015**  
**OCHO RIOS, ST. ANN, JAMAICA,**

**DO NOT WRITE IN THIS SPACE**



04302005 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BEDASEE, OWEN**  
**18925 NW 63RD COURT CIR.**  
**MIAMI, FL 33015**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BEDASEE, OWEN 18925 NW 63RD COURT CIR. MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEDASEE, SANDIE 18925 NW 63RD COURT CIR. MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACOBS, REUBEN 2759 NW 47TH TERRACE FT. LAUDERDALE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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: *OWEN BEDASEE*      Date: 04-29-05      Daytime Phone #: 305-666-0817  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR