

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004527

**FILED**  
**Jan 02, 2007**  
**Secretary of State**

**Entity Name:** CARIB-ATLANTIC EQUITIES, INC.

**Current Principal Place of Business:**

1743 VILLAGE BLVD., UNIT 107  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

901 S MILITARY TRAIL, SUITE # A-6  
WEST PALM BEACH, FL 33415

**Current Mailing Address:**

PO BOX 222962  
WEST PALM BEACH, FL 33422

**New Mailing Address:**

FEI Number: 51-0401562      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

EARLE, NOEL R  
1743 VILLAGE BLVD., UNIT 107  
WEST PALM BEACH, FL 33409      US

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

EARLE, MALVIA O  
1743 VILLAGE BLVD., UNIT 107  
WEST PALM BEACH, FL 33409      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: MALVIA O. EARLE

01/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: EARLE, NOEL R  
Address: 1743 VILLAGE BLVD., UNIT 107  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: V      ( ) Delete  
Name: EARLE, MALVIA O  
Address: 1743 VILLAGE BLVD., UNIT 107  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MALVIA O. EARLE

V

01/02/2007

Electronic Signature of Signing Officer or Director

Date