2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F26994

1. Entity Name CARIB ELECTRIC, INC.



FILED
Jan 24, 2007 08:00 AM
Secretary of State

Principal Place of Business

C/O DENNIS F.TUCKER 4441 N.W. 5TH STREET PLANTATION, FL 33317 Mailing Address

C/O DENNIS F.TUCKER 4441 N.W. 5TH STREET PLANTATION, FL 33317



01102007

No Chg-P

CR2E034 (11/05)

FEI Number
 59-2092447

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, DENNIS F. 4441 N.W. 5TH STREET PLANTATION, FL 33317

SIGNATURE:

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or regist	tered agent, or bot	h, in the State of Florida	l am familiar w	ith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registered	d Agent signature requi	red when reinstating)		DATE	<u></u>
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			U00000600735 01/26/07-80023-003 150.00		
10.	OFFICERS AND DIRECTORS						
NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, DENNIS F. 4441 N.W. 5TH STREET PLANTATION, FL			ut	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANDREU, JENNIFER D 302 S, FIG TREE LANE PLANTATION, FL 33317		<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>.</u>		NOT WR		
TITLE NAME STREET ADDRESS CITY-S1-ZIP				IN ⁻	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS				<i>5</i> .			in the second

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.