


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90129 005 \*\*\*150.00

<b>DOCUMENT # G12067</b> 1. Entity Name <b>CAICOS EXPORTS, INC.</b>					
Principal Place of Business <b>4450 SW 61 AVE</b> <b>#1</b> <b>DAVIE, FL 33314 US</b>			Mailing Address <b>4450 SW 61 AVE</b> <b>#1</b> <b>DAVIE, FL 33314 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LOWE, GARY</b> <b>11035 NW 39TH STREET</b> <b>SUNRISE, FL 33351</b>				Name <b>CAROL JOHNSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2985 SW 136 AVE</b> City <b>DAVIE</b> <b>FL</b> Zip Code <b>33330</b>	
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 <u><i>Carol Johnson</i></u> DATE <u>3/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LOWE, GARY</b> <input checked="" type="checkbox"/> Delete <b>11035 NW 39TH STREET</b> <b>SUNRISE, FL 33351</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <input type="checkbox"/> Delete <b>JOHNSON, MARVIN L</b> <b>80 WELK LANE</b> <b>PROVIDENCIPILES TURKS &amp; CAKOS,</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MARVIN JOHNSON, L</b> <b>80 WELK LANE</b> <b>PROVIDENCIPILES, TURKS &amp; CAKOS</b>	
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  	
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 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.					
SIGNATURE: <u><i>MARVIN JOHNSON</i></u> <u>3/12/06</u> <u>649-946-4538</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					