

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90388 032 \*\*\*158.75

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # H30034**

1. Entity Name  
**CARICO INTERNATIONAL, INC.**



Principal Place of Business  
**2851 CYPRESS CREEK ROAD  
FT. LAUDERDALE, FL 33309 US**

Mailing Address  
**2851 CYPRESS CREEK ROAD  
FT. LAUDERDALE, FL 33309 US**

**14012469**



04272005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2465101**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RICHARD CAPPADONA  
2851 CYPRESS CREEK ROAD  
FT. LAUDERDALE, FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 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  
**PD  
CAPPADONA, RICHARD  
705 S.OCEAN BLVD.  
DELRAY BCH., FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**425 NE SPANISH TRAIL  
BOCA RATON FL 33432** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
CAPPADONA, CAROL  
705 S.OCEAN BLVD.  
DELRAY BCH., FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**425 NE SPANISH TRAIL  
BOCA RATON FL 33432** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ 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.

SIGNATURE:

*Carol Cappadona* **Carol Cappadona** 4/25/05 9733900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #