

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


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

01-17-2006 90250 015 \*\*\*150.00

**60002836**



01052006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # K14136</b> 1. Entity Name <b>CARIBBEAN TREE FARMS, INC.</b>			
Principal Place of Business <b>3780 NW 22ND AVENUE</b> <b>MIAMI, FL 33142 US</b>		Mailing Address <b>9870 SW 62 ST</b> <b>MIAMI, FL 33173 US</b>	
2. Principal Place of Business <b>9870 SW 62nd St.</b>		3. Mailing Address <b>9870 SW 62nd St</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami - FL</b>		City & State <b>Miami FL.</b>	
Zip <b>33173</b>	Country <b>US</b>	Zip <b>33173</b>	Country <b>US.</b>
4. FEI Number <b>65-0031692</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NARANJO, TERESITA PSD</b> <b>9870 SW 62 ST</b> <b>MIAMI, FL 33173</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Pedro Naranjo-Muller</i></u> <b>Pedro NARANJO-MULLER</b> <u>1/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD NARANJO-MULLER, PEDRO VPSD 9870 SW 62ND STREET MIAMI, FL 33173	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NARANJO, TERESITA PTD 9870 SW 62ND STREET MIAMI, FL 33173	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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, which I am otherwise empowered.			
SIGNATURE: <u><i>Pedro Naranjo-Muller</i></u> <b>Pedro Naranjo-Muller</b> <u>1/10/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/10/06</u> Daytime Phone # <u>305 206-2929</u>	