

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2007 08:00 A
Secretary of State**

DOCUMENT # K14136

1. Entity Name
CARIBBEAN TREE FARMS, INC.



Principal Place of Business

**9870 SW 62ND ST
MIAMI, FL 33173 US**

Mailing Address

**9870 SW 62 ST
MIAMI, FL 33173 US**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0031692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NARANJO, TERESITA PSD
9870 SW 62 ST
MIAMI, FL 33173**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD NARANJO-MULLER, PEDRO VPSD 9870 SW 62ND STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NARANJO, TERESITA PTD 9870 SW 62ND STREET MIAMI, FL 33173
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01/22/07-80001-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Teresita Naranjo* **TERESITA NARANJO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07 305-254-3316
Date Daytime Phone #