

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L30384

1. Entity Name
CARIBBEAN CANADIAN U.S.A., INC.



Principal Place of Business

2320 N.W. 102ND PLACE
C/O ANCIL M. MARAJ
MIAMI, FL 33172 US

Mailing Address

2320 N.W. 102ND PLACE
C/O ANCIL M. MARAJ
MIAMI, FL 33172 US

DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0162417

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHARCHAT, STEVEN M P.A
848 BRICKELL AVE
SUITE #1040
MIAMI, FL 33131

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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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME ACRA, MAURICE
STREET ADDRESS 2320 N.W. 102ND PLACE
CITY-ST-ZIP MIAMI, FL

TITLE V
NAME ALEXIS, MONA T
STREET ADDRESS 2320 N.W. 102ND PLACE
CITY-ST-ZIP MIAMI, FL

TITLE T
NAME PAPILLON, CHRISTINE A
STREET ADDRESS 2320 N.W. 102ND PLACE
CITY-ST-ZIP MIAMI, FL 33172

TITLE S
NAME VICTORIN, MARGARET
STREET ADDRESS 2320 NW 102ND PLACE
CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000151498
05/04/04-80048-015 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pascale Jacques

04/29/04 (305) 471-1682