

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90019 010 \*\*\*150.00

**DOCUMENT # M57703**

1. Entity Name

CARIBBEAN RESEARCH & DEVELOPMENT CORPORATION



Principal Place of Business

2737 E. OAKLAND PARK BLVD.  
#202 PO DRAWER 9237  
FT. LAUDERDALE FL 33310-9237  
US

Mailing Address

PO DRAWER 9237  
FT LAUDERDALE FL 33310-9237  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0037568

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

CARLON, JOHN T., JR.  
2737 E. OAKLAND PARK BLVD. #202  
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	CARLON, JOHN T. J	
STREET ADDRESS	2737 E. OAKLAND PARK BLVD SUITE 202	
CITY ST ZIP	FORT LAUDERDALE FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	DAVEY, G.R.	
STREET ADDRESS	2737 E. OAKLAND PARK BLVD #202	
CITY ST ZIP	FT. LAUDERDALE FL 33306	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JAMES, C.A.	
STREET ADDRESS	2737 E. OAKLAND PARK BLVD SUITE 202	
CITY ST ZIP	FORT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlton, John T. Jr	
STREET ADDRESS	P.O. Drawer 9237	
CITY ST ZIP	Ft. Lauderdale, FL 33310	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blistain, Margaret	
STREET ADDRESS	14 Deerwood Trail	
CITY ST ZIP	Fairview Heights, IL 62208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/07 (954) 418-0039  
Date Daytime Phone #