

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90045 019 ***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

3415 Galt Ocean Dr.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State
Ft., Lauderdale, FL

City & State

4. FEI Number
65-0037568

Applied For
Not Applicable

Zip
33308

Country
U.S.A.

Zip

Country

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

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

Name

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

3415 Galt Ocean Dr.

City

Ft., Lauderdale,

FL

Zip Code

33308

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 rechartering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME CARLON, JOHN T. J
STREET ADDRESS P.O. DRAWER 9237
CITY-ST-ZIP FORT LAUDERDALE FL 33310

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

TITLE DV ☐ Delete
NAME BLISTAIN, MARGARET
STREET ADDRESS 14 DEERWOOD TRAIL
CITY-ST-ZIP FAIRVIEW HEIGHTS IL 62208

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

TITLE DS ☐ Delete
NAME JAMES, C.A.
STREET ADDRESS 2737 E. OAKLAND PARK BLVD SUITE 202
CITY-ST-ZIP FORT LAUDERDALE FL 33306

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

100 N.E. 15 ST #103B
Homestead, FL 33030

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

28 March 2007

954-418-0039

Date

Daytime Phone #