


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000007693 1. Entity Name CARIBEFEST, INC.	
---	---

Principal Place of Business 513 SOUTHWEST 176 WAY PEMBROKE PINES, FL 33029	Mailing Address 513 SOUTHWEST 176 WAY PEMBROKE PINES, FL 33029
--	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4T FLOOR  
MIAMI, FL 33145

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee Is \$61.25**  
**Due by September 7, 2005**

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	DP LIMAGE, JEAN H 513 SOUTHWEST 176 WAY PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAVIS, ALEXANDRA 513 SOUTHWEST 176 WAY PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ENARD, GARY J 513 SOUTHWEST 176 WAY PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPBELL, FARAH 513 SOUTHWEST 176 WAY PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUPRIA, MARCIA 513 SOUTHWEST 176 WAY PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
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 617, 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: *Jean D. Limage* Sept. 5, 2005 305-804 5285  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
05 SEP -9 AM 10:35  
SECRET  
08/17/05 90001 023 6128

09072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 06-1652589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	