2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000007693

1. Entity Name
CARIBEFEST, INC.

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

08022006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
06-1652589
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 Jean Harold Limage 8-2-2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

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

U00000573769
08/07/06-80010-012 61.25

10. OFFICERS AND DIRECTORS

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

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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 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 Harold Limage Aug 2, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #