2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

DOCUMENT # N0600006505 1. Entity Name APOPKA CARIBFEST, INC.						04-02-2007 90091 036 ****61.25				
Principal Place of Business 936 FRESHMEADOW COURT APOPKA, FL 32703 Mailing Address 936 FRESHMEADOW COURT APOPKA, FL 32703					الا والا	7139 	EE 46 EEU 80 16 0 0 816	O III TOTO EN	ri a i di idu i	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022007 Ct	ng-NP	CR2E037	(12/06)			
City & State		City & State			4. FEI Number			<u> </u>	plied For t Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of St	atus Desired		8.75 Add ee Required		
	6. Name and Address of Current	Registered Agent		N	7. Name and Add	ress of New R	egistered Aç	ent		
ALI, MERVYN				Name						
936 FRESHMEADOW COURT APOPKA, FL 32703				Street Address (P.O. Box Number is Not Acceptable)						
				City		.	FL	Zip Code	e	
	named entity submits this statement f	or the purpose of changing its	registere	ed office or regis	stered agent, or both, in	the State of Flo		miliar with,	and accept	
the obligat	lions of registered agent.					•				
SIGNATURE .	Signature, typed or printed name of registered agen									
	and restrict the case in the second control of the case of the	I and title if applicable. (NO)	E: Registered	d Agent signature requ	iired when reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund	mpaign Fi	inancing	\$5.00 May Be Added to Fees		DATE lake check rida Departn			
10.	Filing Fee is \$61.25	9. Election Ca Trust Fund	mpaign Fi	inancing	\$5.00 May Be	Flor	lake check rida Departr	nent of St	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund	mpaign Fi Contribution 11. THE NAME	inancing on.	\$5.00 May Be Added to Fees	Flor	lake check ida Departr	nent of St	tate	
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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 of the corporation of the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/67

Daytime Phone #