

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000002858

1. Entity Name
CARIBBEAN BUSINESS EXPO LIMITED, INC.



Principal Place of Business
306 E BULLARD PKWY
TAMPA, FL 33617 US

Mailing Address
17905 CACHET ISLE
TAMPA, FL 33647 US



04042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMOS, JOSE S
17905 CACHET ISLE
TAMPA, FL 33647

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$81.25
Due by May 1, 2006

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
STD
RAMOS, MINEWA F
306 E. BULLARD PKWY.
TAMPA, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
RAMOS, JOSE S
7402 N 56TH ST, S-906
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MATOS, ERIC E
7402 N. 56TH ST., STE. 906
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
RAMOS, YAUINEL
306 E. BULLARD PKWY.
TAMPA, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000500978
04/25/06-80043-011 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #