

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90148 032 \*\*\*\*61.25

**DOCUMENT # N93000002858**

1. Entity Name

CARIBBEAN BUSINESS EXPO LIMITED, INC.



Principal Place of Business

Mailing Address

306 E BULLARD PKWY  
TAMPA FL 33617  
US

17905 CACHET ISLE  
TAMPA FL 33647  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

RAMOS, JOSE S  
17905 CACHET ISLE  
TAMPA FL 33647

Name

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

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: STD ☐ Delete  
NAME: RAMOS, MINEWA F  
STREET ADDRESS: 306 E. BULLARD PKWY.  
CITY- ST- ZIP: TAMPA FL 33617

TITLE: PD ☐ Delete  
NAME: RAMOS, JOSE S  
STREET ADDRESS: 7402 N 56TH ST, S-906  
CITY- ST- ZIP: TAMPA FL

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

TITLE: VP/D ☐ Delete  
NAME: RAMOS, YAUINEL  
STREET ADDRESS: 306 E. BULLARD PKWY.  
CITY- ST- ZIP: TAMPA FL 33617

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 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:

*Jose Ramos* - 3/25/07 813-985-3175  
Date: 3/25/07 Daytime Phone #