

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91065 005 \*\*\*150.00

**DOCUMENT # P00000025385**

1. Entity Name

CARIBBEAN GLOBAL INTERNATIONAL, INC.



Principal Place of Business

27501 S. DIXIE HWY.  
SUITE 300  
NARANJA FL 33032

Mailing Address

27501 S. DIXIE HWY.  
SUITE 300  
NARANJA FL 33032

34004040



MOORE CR2E034 (11/03)

2. Principal Place of Business

1799 NE 164th Street

Suite, Apt. #, etc.

113

City & State

NMB, FL 33162

Zip

33162

Country

Dade

3. Mailing Address

1799 NE 163th Street

Suite, Apt. #, etc.

113

City & State

NMB, FL 33162

Zip

33162

Country

Dade

4. FEI Number

65-1002589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONINE, MERLAND J  
2871 SUNRISE LAKES DR. EAST, #210  
SUNRISE FL 33322

7. Name and Address of New Registered Agent

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 \$150.00**

**After May 1, 2004 Fee will be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete  
NAME HENDRICKSON, WILLIAM A  
STREET ADDRESS 5215 MARINE PARKWAY  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE VPOS ☐ Delete  
NAME CONINE, MERLAND J  
STREET ADDRESS 2871 SUNRISE LAKES DR. EAST  
CITY-ST-ZIP SUNRISE FL 33322

TITLE D ☐ Delete  
NAME FISHER, MARK  
STREET ADDRESS 27501 S. DIXIE HWY.  
CITY-ST-ZIP NARANJA FL 33032

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE D, Asst Treasurer ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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 607, 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

VP Ops Merland Conine

Date

305-947-5411

Daytime Phone #