

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P00000025385**

1. Entity Name  
**CARIBBEAN GLOBAL INTERNATIONAL, INC.**



Principal Place of Business  
**1799 NE 164TH STREET  
113  
NORTH MIAMI BEACH, FL 33162**

Mailing Address  
**1799 NE 164TH STREET  
113  
NORTH MIAMI BEACH, FL 33162**



04282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**000000545640  
05/11/06-80087-001 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	HENDRICKSON, WILLIAM A
STREET ADDRESS	5215 MARINE PARKWAY
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652
TITLE	VPOS
NAME	CONINE, MERLAND J
STREET ADDRESS	2871 SUNRISE LAKES DR. EAST
CITY - ST - ZIP	SUNRISE, FL 33322
TITLE	DAT
NAME	FISHER, MARK
STREET ADDRESS	1799 NE 1647TH ST, # 113
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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 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:**  **Merland J. Conine**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(305) 945-2948**

Daytime Phone #