


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000025385 1. Entity Name CARIBBEAN GLOBAL INTERNATIONAL, INC.	
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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
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1002589	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000945524 05/30/08-80011-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HENDRICKSON, WILLIAM A 5215 MARINE PARKWAY NEW PORT RICHEY, FL 34852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOS CONINE, MERLAND J 2871 SUNRISE LAKES DR. EAST SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT FISHER, MARK 1799 NE 1647TH ST, # 113 NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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:  **04/30/08** **305-945-2948**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #