

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90089 012 ***150.00

DOCUMENT # P00000036775

1. Entity Name

CARIB TRIBE, INC.



Principal Place of Business

3540 NW 7TH PLACE
FT LAUDERDALE FL 33311

Mailing Address

3540 NW 7TH PLACE
FT LAUDERDALE FL 33311

2. Principal Place of Business

4411 NW 34th Street

3. Mailing Address

4411 NW 34th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderdale Lakes FL

City & State

Lauderdale Lakes FL

Zip

33319

Country

USA

Zip

33319

Country

USA

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

65-0999257

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 PD
NAME PHILLIPS, TESROY E SR
STREET ADDRESS 3540 NW 7TH PLACE
CITY-ST-ZIP FT LAUDERDALE FL 33311

☐ Delete

TITLE VSTD
NAME PHILLIPS, MAEKIAPHAN
STREET ADDRESS 3540 NW 7TH PLACE
CITY-ST-ZIP FT LAUDERDALE FL 33311

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PP
NAME Phillips, Tesroy E SR
STREET ADDRESS 4411 NW 34th Street
CITY-ST-ZIP Lauderdale Lakes, FL 33319

☐ Change ☐ Addition

TITLE VSTD
NAME phillips, maekiaphan
STREET ADDRESS 4411 NW 34th Street
CITY-ST-ZIP Lauderdale Lakes, FL 33319

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Maekiaphan Phillips

Maekiaphan Phillips 2/28/04 954-717-1878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #