

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90001 048 \*\*\*163.75

DOCUMENT # P00000052903

1. Entity Name  
CARIBBEAN QUALITY, INC.



Principal Place of Business  
8 BROADWAY AVE.  
B  
KISSIMMEE, FL 34741 US

Mailing Address  
2300 GULL COURT  
KISSIMMEE, FL 34743 US

04060053



2. Principal Place of Business  
8 BROADWAY AVE.

3. Mailing Address  
8 BROADWAY AVE.

Suite, Apt. #, etc.  
SUITE B

Suite, Apt. #, etc.  
SUITE B

City & State  
KISSIMMEE, FL

City & State  
KISSIMMEE, FL

Zip  
34741

Country  
USA

Zip  
34741

Country  
USA

07022004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3658942

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

PICHARDO, GLENYS  
2300 GULL COURT  
KISSIMMEE, FL 34743

## 7. Name and Address of New Registered Agent

Name  
N/A

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

City  
NA

State  
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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☒ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
PICHARDO, GLENYS  
2300 GULL COURT  
KISSIMMEE, FL 34743 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
PICHARDO, EDER  
2300 GULL COURT  
KISSIMMEE, FL 34743 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
PICHARDO, EDER A  
2300 GULL COURT  
KISSIMMEE, FL 34743 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
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: *Glenys Pichardo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/04  
Date  
933-2664  
Daytime Phone #