

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90863 003 ***150.00

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03282007 Chg-P CR2E034 (12/06)

DOCUMENT # P00000052903 1. Entity Name CARIBBEAN QUALITY, INC.					
Principal Place of Business 8 BROADWAY AVE. STE B KISSIMMEE, FL 34741 US			Mailing Address 8 BROADWAY AVE. STE B KISSIMMEE, FL 34741 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3658942	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate or Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PICHARDO, GLENYS 2231 STONEMILL DRIVE ORLANDO, FL 32837			7. Name and Address of New Registered Agent Name PICHARDO GLENYS Street Address (P.O. Box Number is Not Acceptable) 2706 LONEFEATHER DRIVE City ORLANDO FL Zip Code 32837		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICHARDO, GLENYS		NAME	PICHARDO GLENYS	
STREET ADDRESS	2231 STONEMILL DRIVE		STREET ADDRESS	2706 LONEFEATHER DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICHARDO, EDER		NAME	PICHARDO EDER	
STREET ADDRESS	2231 STONEMILL DRIVE		STREET ADDRESS	2706 LONEFEATHER DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PICHARDO, EDER A		NAME		
STREET ADDRESS	3251 AMBERLY PARK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Glenys Pichardo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/16/07 <small>Date</small>		
			(407) 933 2664 <small>Daytime Phone #</small>		