

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

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



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3658942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICHARDO, GLENYS
2706 LONEFEATHER DR
ORLANDO, FL 32837

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	PICHARDO, GLENYS
STREET ADDRESS	2706 LONEFEATHER DR
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	VD
NAME	PICHARDO, EDER
STREET ADDRESS	2706 LONEFEATHER DR
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	S
NAME	PICHARDO, EDER A
STREET ADDRESS	3251 AMBERLY PARK CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34743

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05/28/08-80090-006 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Glenys Pichardo - President 4/24/08 4079332664