2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P00000053035 1. Entity Name CARIBBEAN WEDDINGS, INC.



FILED Jan 12, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

316 N.E. FOURTH STREET FORT LAUDERDALE, FL 33301

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DO NOT WRITE IN THIS SPACE	4. FEI Number	Applied For		
	65-1020562	Not Applicable		

5. Certificate of Status Desired S8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

TURNER, LAWRENCE O JR. 316 N.E. FOURTH STREET FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p ions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE, Registered	i Agent signature	required when reinstating)	DATE
File Nowill FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be	
10.	OFFICERS AND DIREC	TORS		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, LAWRENCE O JR 316 N.E. FOURTH STREET FORT LAUDERDALE, FL 33301				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000383283 01/12/06-80048-004 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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

1 5/06 954. 727, 9977 Date Daytime Phone #

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