

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102267

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: CARIBBEAN SEA FOOD & RESTAURANT INC

**Current Principal Place of Business:**

6315 MIRAMARA PWY  
MIRAMAR, FL 330233943

**New Principal Place of Business:**

**Current Mailing Address:**

8830 NW 75TH COURT  
TAMARAC, FL 33321

**New Mailing Address:**

FEI Number: 65-0996427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMNATH, SUE  
6315 MIRAMARA PWY  
MIRAMAR, FL 330233943 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RAMNATH, SUE  
Address: 3904 JASMINE AVE  
City-St-Zip: MIRAMAR, FL 330236606

Title: VP ( ) Delete  
Name: SIMEON, RAMNATH  
Address: 3904 JASMINE AVE  
City-St-Zip: MIRAMAR, FL 330236606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE RAMNATH

P

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date