

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90026 008 ***150.00

DOCUMENT # P01000033963					
1. Entity Name CARIBBEAN CATERING SERVICES, INC.					
Principal Place of Business 2470 NW 102 PLACE 101 MIAMI, FL 33172		Mailing Address 2470 NW 102 PLACE 101 MIAMI, FL 33172			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0584627	
				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			7. Name and Address of New Registered Agent		
MARY LOU RODON ALVAREZ 2222 PONCE DE LEON BOULEVARD PENTHOUSE CORAL GABLES, FL 33134			Name <i>LOUIS D. GARCIA</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>13446 SW 67th E103</i>		
			City <i>MIAMI</i>		
			Zip Code <i>FL 33183</i>		
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: <i>[Signature]</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	RODON ALVAREZ, MARY LOU	2222 PONCE DE LEON BLVD	CORAL GABLES, FL 33134		<i>RHINA GOMEZ</i>
					2470 NW 102 PLACE 101
					MIAMI FL 33172
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: <i>[Signature]</i>				Date: <i>07/28/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <i>305-471-9364</i>	



06302005 Chg-P CR2E034 (10/03)

DEPARTMENT OF REVENUE
 AUG 11 2005