


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000064302 1. Entity Name D & A CARIBBEAN DELIGHTS, INC.	
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FILED

04 MAY 10 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12401 W. OKEECHOBEE RD. #508 HIALEAH GARDENS, FL 33018	Mailing Address 12401 W. OKEECHOBEE RD. #508 HIALEAH GARDENS, FL 33018
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05052004

No Chg-P

CR2E087 (10/03)

04/21/04 90034 037 18820

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1118827	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALI, AFRAZ 12401 W. OKEECHOBEE RD. #508 HIALEAH GARDENS, FL 33018

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ALI, AFRAZ
STREET ADDRESS	12401 W. OKEECHOBEE RD. #508
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	VPD
NAME	ALI, DORINA
STREET ADDRESS	12401 W. OKEECHOBEE RD. #508
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
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 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: *[Signature]* 05-06-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #