

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000089639	
1. Entity Name CARIBE DEVELOPMENT OF NAPLES, INC.	

Principal Place of Business 12275 COLLIER BLVD STE 14 NAPLES, FL 34116	Mailing Address 12275 COLLIER BLVD STE 14 NAPLES, FL 34116
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01082004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-3745462	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ARCE, EFRAIN 12275 COLLIER BLVD STE 14 NAPLES, FL 34116

**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 of, typewritten printed name of registered agent and date if appropriate. (NO IC. Registered Agents signature required at this time) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

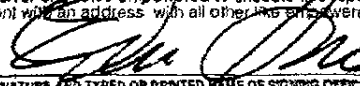
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP ARCE, EFRAIN 3621 13TH AVE SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY ST ZIP	D MAGGIO, FRANK J 250 2ND STREET BONITA SPRINGS, FL 33923
TITLE NAME STREET ADDRESS CITY ST ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP	

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02/16/04-80030-015 150.00

**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 liquidator 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 information covered.

SIGNATURE:  **EFRAIN ARCE** 2/11/04 239-455-1848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Printed