

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000001595

Entity Name: CARIBBEAN FARMS, INC.

FILED  
Apr 05, 2005  
Secretary of State

**Current Principal Place of Business:**

11030 BLUE JAY LANE  
BOYNTON BEACH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

11030 BLUE JAY LANE  
BOYNTON BEACH, FL 33467

**New Mailing Address:**

FEI Number: 26-0068060      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LONG, CRAIG  
11030 BLUE JAY LANE  
BOYNTON BEACH, FL 33467      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: D      ( ) Delete  
Name: LONG, CRAIG  
Address: 9113 TALWAY CIR  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D      ( ) Delete  
Name: MONTI, ROBERT  
Address: 9626 GRAY HAWK WAY  
City-St-Zip: LAKE WORTH, FL 33467

Title: D      ( ) Delete  
Name: DEKA, DARYL  
Address: 13638 CALLINGTON DR  
City-St-Zip: WELLINGTON, FL 33616

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

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

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 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 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: CRAIG LONG

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

PRES

04/05/2005

\_\_\_\_\_ Date