

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # P02000001595	
1. Entity Name CARIBBEAN FARMS, INC.	

Principal Place of Business 11030 BLUE JAY LANE BOYNTON BEACH, FL 33467	Mailing Address 11030 BLUE JAY LANE BOYNTON BEACH, FL 33467
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DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0068060	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LONG, CRAIG 11030 BLUE JAY LANE BOYNTON BEACH, FL 33467	DO NOT WRITE IN THIS SPACE
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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: _____

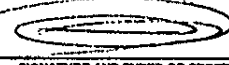
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, CRAIG 9113 TALWAY CIR BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTI, ROBERT 9626 GRAY HAWK WAY LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEKA, DARYL 13638 CALLINGTON DR WELLINGTON, FL 33616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/30/07-80019-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Craig Long** **4/19/07** **41-36-4610**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #