


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000002108**  
 1. Entity Name  
**CARIBBEAN HORIZONS, INC.**



Principal Place of Business  
**200 DR. MARTIN LUTHER KING JR. BLVD.  
 RIVIERA BEACH, FL 33404**

Mailing Address  
**200 DR. MARTIN LUTHER KING JR. BLVD.  
 RIVIERA BEACH, FL 33404**

**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**03-0434229**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BENEDETTO, JOHN  
 200 DR. MARTIN LUTHER KING JR. BLVD  
 RIVIERA BEACH, FL 33404**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) 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	P BENEDETTO, JOHN 5930 CENTER ST JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENEDETTO, PATRICIA 5930 CENTER ST JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 04/30/04-80052-008 150.00

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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: *John Benedetto* 4/27/04 561-745-1354  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #