


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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 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 reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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