2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000123622

1. Entity Name
TBE CARIBE, INC.

Principal Place of Business	Mailing Address
380 PARK PLACE BLVD. SUITE 300 CLEARWATER, FL 33759	380 PARK PLACE BLVD. SUITE 300 CLEARWATER, FL 33759

02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3739188
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SNYDER, CRAIG D
380 PARK PLACE BLVD.
SUITE 300
CLEARWATER, FL 33759

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000478152
04/07/06-80020-010 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEYER, PATRICK L
STREET ADDRESS	380 PARK PLACE BLVD #300
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	TRES
NAME	BEYER, PATRICK L
STREET ADDRESS	380 PARK PLACE BLVD #300
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	S
NAME	BEYER, KATHY
STREET ADDRESS	380 PARK PLACE BLVD #300
CITY-ST-ZIP	CLEARWATER, FL 33759
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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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 D. Snyder CRAIG D. SNYDER 2/27/2006 727-431-1505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #