2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 26, 2004 8:00 am DOCUMENT # P03000066939 **Secretary of State** 1. Entity Name FLORIDA & CARIBBEAN PROPERTIES, INC. 02-26-2004 90031 030 ***150.00 Mailing Address Principal Place of Business 4330 VEST MUSTANGELVO 4330 VEST MUSTANGELVO BEVEFLYHULS FL 34465 BESABFLYHILS FL 34465 aj US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E034 (10/03) 01272004 Chq-P 4. FEI Number 36 - 4533847 City & State Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS D. SCLAFANI PA Street Address (P.O. Box Number is Not Acceptable) 110 SE 6TH STREET **SUITE 1920** FORT LAUDERDALE, FL 33301 City 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 reinstating) DATE ---\$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Finding Timegers 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete me TITLE ☐ Change ☐ Addition NAME MAAS, WENDY K STREET ADDRESS 4330 WEST MUSTANG BLVD STREET ADDRESS BEVERLY HILLS, FL 34465 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME. -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change Addition MALE NAME STREET ADDRESS STREET ADDRESS <u>ान्य, वृत्तराधः , द्वान</u>्य CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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: WINDY K Maas