

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087311

FILED
Feb 22, 2005
Secretary of State

Entity Name: CARIBE-JAX ASSOCIATES, INC.

Current Principal Place of Business:

596 HARRINGTON LANE
JACKSONVILLE, FL 32221

New Principal Place of Business:

PO BOX 6881
JACKSONVILLE, FL 32236

Current Mailing Address:

596 HARRINGTON LANE
JACKSONVILLE, FL 32221

New Mailing Address:

PO BOX 6881
JACKSONVILLE, FL 32236

FEI Number: 02-0702330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOLOFF, LARRY E
596 HARRINGTON LANE
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

STOLOFF, LARRY E
PO BOX 6881
JACKSONVILLE, FL 32236 US

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.

SIGNATURE: LARRY STOLOFF

02/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KLIESING, GLORIA A
Address: 3919 BLACK CREEK
City-St-Zip: MISSOURI CITY, TX 77459 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA KLIESING

PRES

02/22/2005

Electronic Signature of Signing Officer or Director

Date