

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

03-29-2004 90039 044 ***150.00

DOCUMENT # P03000097985

1. Entity Name

CARIBBEAN FROZEN FOODS DISTRIBUTORS, INC.



Principal Place of Business

**2200 FORSYTH RD., UNIT 106
ORLANDO FL 32807**

Mailing Address

**2200 FORSYTH RD., UNIT 106
ORLANDO FL 32807**

00461008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E034 (11/03)

4. FEI Number

200-370149

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOSLEY, DEAN F
20 N. ORANGE AVE., STE. 1309
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: **PD** ☐ Delete
NAME: **BENJAMIN, GEORGE**
STREET ADDRESS: **801 PABLO LANE**
CITY-ST-ZIP: **ORLANDO FL 32807**

TITLE: **TD** ☐ Delete
NAME: **MOSLEY, DEAN F**
STREET ADDRESS: **20 N. ORANGE AVE., STE. 1309**
CITY-ST-ZIP: **ORLANDO FL 32801**

TITLE: **CEO** ☐ Delete
NAME: **BENJAMIN, GEORGE**
STREET ADDRESS: **2200 FORSYTH RD., UNIT 106**
CITY-ST-ZIP: **ORLANDO FL 32807**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04

Date

Daytime Phone #