

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90746 030 ***150.00

DOCUMENT # P03000100319

1. Entity Name
CARIBBEAN ESCAPES COOPERATIVE MARKETING, INC.



Principal Place of Business Mailing Address
740 NW 207TH TERR **PO BOX 297243**
PEMBROKE PINES, FL 33029 **PEMBROKE PINES, FL 33029**

2. Principal Place of Business 3. Mailing Address
3816 N 29TH AVE Suite, Apt. #, etc.

City & State City & State
Hollywood FL Suite, Apt. #, etc.

Zip Country Zip Country
33020 **US**



04302004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

HARRIS, GLEN D
740 NW 207TH TERR
PEMBROKE PINES, FL 33029

4. FEI Number Applied For
51-0480570 Not Applicable

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

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]* DATE: **4/28/04**

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRIS, GLEN D 740 NW 207TH TERR PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* Date: **4/28/04** Daytime Phone #: **954927975**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR