

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90344 023 ***150.00

DOCUMENT # P03000125866

1. Entity Name

CARIBBEAN NOOK INC.



Principal Place of Business

15620 SW 46TH CIRCLE
OCALA FL 34473

Mailing Address

15620 SW 46TH CIRCLE
OCALA FL 34473

2. Principal Place of Business

184 MARION OAKS BLVD

Suite, Apt. #, etc.

Suite G

City & State

OCALA FL

Zip

34473

Country

U.S.A

3. Mailing Address

15620 SW 46TH CIRCLE

Suite, Apt. #, etc.

OCALA

City & State

FLORIDA

Zip

34473

Country

U.S.A



1st MOORE

CR2E034 (10/04)

4. FEI Number

43 2038801

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMAANU, AMINA
2106 BOUQUET CT., APT. #202
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name

AMINA RAMAANU

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

378 MARION OAKS DRIVE

OCALA

City

O

FL

Zip Code

34473

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

Amina Ramaanu Secretary/Treasurer 4-23-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 NIMMONS, NORMA
STREET ADDRESS 15620 SW 46TH CIRCLE
CITY-ST-ZIP Ocala FL 34473

TITLE VD ☐ Delete
NAME FACEY, JUNIA
STREET ADDRESS 15620 SW 46TH CIRCLE
CITY-ST-ZIP Ocala FL 34473

TITLE STD ☐ Delete
NAME RAMAANU, AMINA
STREET ADDRESS 15620 SW 46TH CIRCLE
CITY-ST-ZIP Ocala FL 34473

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

Amina Ramaanu Secretary/Treasurer 4/23/05

Date

Daytime Phone #

352
209-4366