

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000132539	
1. Entity Name CARIBBEAN PROPERTIES, INC.	
Principal Place of Business 551 S. COMMERCE AVENUE SEBRING, FL 33870	Mailing Address 551 S. COMMERCE AVENUE SEBRING, FL 33870



DO NOT WRITE IN THIS SPACE

02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2147724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ABLES & RITENOUR, P.A. 551 S. COMMERCE AVENUE SEBRING, FL 33870

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLON-BENGUA, CARLOS 1941 RACHEL'S RIDGE LOOP OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/S LEE, GLADYS N 13606 OLD DOCK ROAD ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COLON, JANICE 1941 RACHEL'S RIDGE LOOP OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLON-BENGUA, CARLOS 1941 RACHEL'S RIDGE LOOP OCOE, FL 34761
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04/29/05-80079-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: CARLOS COLON 4-2605 863-381-7974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #