

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90399 032 \*\*\*150.00

<b>DOCUMENT # P03000142030</b> 1. Entity Name <b>CARIBBEAN GLOBAL RESORTS INTERNATIONAL INC.</b>					
Principal Place of Business <b>1799 NE 164TH STREET SUITE 113 NORTH MIAMI BEACH FL 33162</b>			Mailing Address <b>1799 NE 164TH STREET SUITE 113 NORTH MIAMI BEACH FL 33162</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-0390368</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>FISHER, MARK I 1799 NE 164TH STREET SUITE 113 NORTH MIAMI BEACH FL 33162</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LAROCCA, RICHARD M</b> <b>1799 NE 164TH STREET SUITE 113</b> <b>NORTH MIAMI BEACH FL 33162</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Thomas Roy</b> <b>1799 NE 164th Street</b> <b>North Miami Beach, FL 33162</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>FISHER, MARK</b> <b>1799 NE 164TH STREET SUITE 113</b> <b>NORTH MIAMI BEACH FL 33162</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Emmanuel Obiesie, Ph.D</b> <b>2530 NW 131st Street</b> <b>Miami, FL 33167</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DULIX, GREGORY</b> <b>1799 NE 164TH STREET SUITE 113</b> <b>NORTH MIAMI BEACH FL 33162</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CONINE, MERLAND J</b> <b>1799 NE 164TH STREET SUITE 113</b> <b>NORTH MIAMI BEACH FL 33162</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BAITALLE, FRANTZ</b> <b>1799 NE 164TH STREET SUITE 113</b> <b>NORTH MIAMI BEACH FL 33162</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>REESE, WILLIAM</b> <b>1799 NE 164TH STREET SUITE 113</b> <b>NORTH MIAMI BEACH FL 33162</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>Merland J Conine Dir</b> <b>04/20/04</b> <b>305 947 5411</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					