
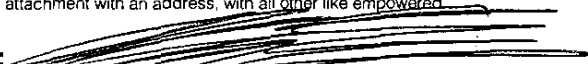


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90134 011 ***150.00

DOCUMENT # P03000154003			
1. Entity Name CARIBE INTERNATIONAL DEVELOPMENT GROUP, INC.			
Principal Place of Business 3181 CECELIA DR APOPKA, FL 32703		Mailing Address 20 N ORANGE AVE STE 407 ORLANDO, FL 32801	
2. Principal Place of Business		3. Mailing Address <i>3181 Cecelia Drive</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Apopka, FL</i>	
Zip	Country	Zip	Country
		<i>32703</i>	<i>USA</i>
4. FEI Number		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		<input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N ORANGE AVE STE 407 ORLANDO, FL 32801		Name <i>BRUCE FITZGERALD</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>3181 Cecelia Drive</i>	
		City <i>Apopka</i> FL Zip Code <i>32703</i>	
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: 		DATE: <i>4-28-04</i>	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, BRUCE	NAME	<i>Address only:</i>
STREET ADDRESS	20 N ORANGE AVE STE 407	STREET ADDRESS	<i>3181 Cecelia Drive</i>
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	<i>Apopka, FL 32703</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOETCHER, RANDY R	NAME	
STREET ADDRESS	20 N ORANGE AVE STE 407	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JOHN	NAME	
STREET ADDRESS	20 N ORANGE AVE STE 407	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGAN, JOSE	NAME	
STREET ADDRESS	20 N ORANGE AVE STE 407	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLATTER, LEE	NAME	
STREET ADDRESS	20 N ORANGE AVE STE 407	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		DATE: <i>4-28-04</i> 407-296-0079	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	