

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000124083**

1. Entity Name  
**CARIBBEAN FOOD AND BEVERAGE DEPOT INC.**



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 10 PM 2:43

Principal Place of Business  
**195 SW 79 COURT  
MIAMI, FL 33144**

Mailing Address  
**195 SW 79 COURT  
MIAMI, FL 33144**

**REINSTATEMENT** 06



2. Principal Place of Business  
**9064 SW 206 Street**

3. Mailing Address  
**9064 SW 206 Street**

Suite, Apt. #, etc.

09282006 REIN-P CR2E098 (11/05)

City & State  
**Miami, FL**

Country  
**U.S.A**

Zip  
**33189**

4. FEI Number  
**20-1565570**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**GARCIA, LOUIS D  
13446 SW 62 STREET  
MIAMI, FL 33144**

7. Name and Address of New Registered Agent  
Name  
**Olga R Milfort**  
Street Address (P.O. Box Number is Not Acceptable)  
**9064 SW 206 Street**  
City  
**Miami** FL Zip Code  
**33189**

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 **10-05-06**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILFORT, RAYMOND 195 SW 79 COURT MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300090582453</b> <b>10/10/06--01053--006 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILFORT, OLGA R 195 SW 79 COURT MIAMI, FL 33144 <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 VALLES, PIERRE R 13247 SW 144 TERR MIAMI, FL 33186 <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 VALLES, MAHALIA A 13247 SW 144 TERR MIAMI, FL 33186 <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	<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	<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 exemptions contained in Chapter 119, 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 **10-05-06** (305) 726-7929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Olga R Milfort**