

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126697

FILED
Jan 20, 2006
Secretary of State

Entity Name: CARIBBEAN SUPERCENTER, INC.

Current Principal Place of Business:

5111 COLONIAL DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

5111 WEST COLONIAL DRIVE
ORLANDO, FL 32808

Current Mailing Address:

5111 COLONIAL DRIVE
ORLANDO, FL 32808

New Mailing Address:

5111 WEST COLONIAL DRIVE
ORLANDO, FL 32808

FEI Number: 20-1608143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOONASAR, NARAINEDAT G
6214 CARTMEL LANE
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSC () Delete
Name: MOONASAR, NARAINEDAT G
Address: 6214 CARTMEL LANE
City-St-Zip: WINDERMERE, FL 34786

Title: VP () Delete
Name: MOONASAR, IVY R
Address: 6214 CARTMEL LANE
City-St-Zip: WINDERMERE, FL 34786

Title: VP () Delete
Name: MOHAMMED, NALINI I
Address: 6214 CARTMEL LANE
City-St-Zip: WINDERMERE, FL 34786

Title: VP () Delete
Name: MOHAMMED, NISHARD
Address: 6214 CARTMEL LANE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MOHAMMED, NALINI I
Address: 5221 TILDENS GROVE BLVD
City-St-Zip: WINDERMERE, FL 34786

Title: VP (X) Change () Addition
Name: MOHAMMED, NISHARD
Address: 5221 TILDENS GROVE BLVD
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NARAINEDAT G MOONASAR

PSC

01/20/2006

Electronic Signature of Signing Officer or Director

_____ Date