2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000139697

1. Entity Name
CARIBBEAN TOP TASTE CUISINE, INC.

Principal Place of Business	Mailing Address
316 WEST MANGO ST LANTANA, FL 33462	316 WEST MANGO ST LANTANA, FL 33462

DO NOT WRITE IN THIS SPACE

01032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
83-0416698	Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHODEN, FITZROY
1437 BLUE CLOVER LANE
WEST PALM BEACH, FL 33415

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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 _Jacqueline Buchanan_   1-6-07

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RHODEN, FIZROY
STREET ADDRESS	1437 BLUE CLOVER LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33415

TITLE	V
NAME	BUCHANAN, JACQUELINE
STREET ADDRESS	1437 BLUE CLOVER LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33415

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01/12/07-80018-010 150.00

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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: _Jacqueline Buchanan_   1-6-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #