

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000148924

1. Entity Name  
CARIBBEAN COVE INTERNATIONAL DISTRIBUTORS,  
INC



FILED

05 JUN '9 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1515 N FEDERAL HIGHWAY SUITE 300  
BOCA RATON, FL 33432

Mailing Address  
1515 N FEDERAL HIGHWAY SUITE 300  
BOCA RATON, FL 33432

2315 N.W. 107<sup>TH</sup> AVE

2. Principal Place of Business  
2315 N.W. 107<sup>TH</sup> AVE

3. Mailing Address  
(Box 134)

Suite, Apt. #, etc.  
M48

Suite, Apt. #, etc.

06092005

Chg-P

CR2E034 (10/03)

City & State  
DORAL FL

City & State  
DORAL, FL

4. FEI Number  
320139247

Applied For  
Not Applicable

Zip  
33172

Country  
DADE

Zip  
Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUGH IMPORT AND EXPORT COMPANY  
2335 N.W. 107<sup>TH</sup> AVE (Box 134)  
B-42  
DORAL, FL 33172, US

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

(Signature, typed or printed name of registered agent who title is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/PRES.  
MUELLER, NANCY  
3256 CANDLE RIDGE DR  
ORLANDO, FL 32822

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DEEN  
RODGES TR SKIPPER  
1098 S. MILITARY TRAIL  
DEERFIELD BEACH, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800056405398  
06/21/05--01069--017 \*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

June 09, 2005

Signature