

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000148924

**FILED**  
**Aug 14, 2005**  
**Secretary of State**

**Entity Name:** CARIBBEAN COVE INTERNATIONAL DISTRIBUTORS, INC

**Current Principal Place of Business:**

2335 NW 107TH AVE SUITE 2B-42 (BOX 134)  
"THE MIAMI FREE ZONE"  
DORAL, FL 33172

**New Principal Place of Business:**

2335 NW 107TH AVE SUITE 2B-42 (BOX 134)  
DORAL, FL 33172

**Current Mailing Address:**

2315 NW 107TH AVE  
BOX 134  
DORAL, FL 33172

**New Mailing Address:**

**FEI Number:** 32-0139247      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BANGN INPORT AND EXPORT COMPANY  
2335 NW 107TH AVE #B42  
DORAL, FL 33172    US

**Name and Address of New Registered Agent:**

CARIBBEAN COVE IMPORT AND EXPORT COMPANY  
2335 NW 107TH AVE #B42  
DORAL, FL 33172    US

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: CARIBBEAN COVE IMPORT AND EXPORT COMPANY

08/14/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MUELLER, NANCY  
Address: 3256 CANDLE RIDGE DR  
City-St-Zip: ORLANDO, FL 32822

Title: DCEO      ( ) Delete  
Name: SKIPPER, TE ROGER  
Address: 1098 S.MILITARY TRAIL  
City-St-Zip: DEERFIELD BEACH, FL 33172

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D/PR      (X) Change ( ) Addition  
Name: MUELLER, NANCY  
Address: 3256 CANDLE RIDGE DR  
City-St-Zip: ORLANDO, FL 32822

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

Title: VP,T      ( ) Change (X) Addition  
Name: MUELLER, PEGGY  
Address: 153 FARRWOOD DR.  
City-St-Zip: BRADFORD, MA 01835

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NANCY MUELLER

D/PR

08/14/2005

Electronic Signature of Signing Officer or Director

Date