2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000013267

1. Entity Name
CARIBEEX INC.

Principal Place of Business	Mailing Address
6729 NW 27 STREET	6729 NW 27 STREET
MARGATE, FL 33063	MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

02042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2754432	Not Applicable

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

6. Name and Address of Current Registered Agent

NYSTRAND, DOROTHY C
1441 NE 31ST CT
POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

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 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	HAYHURST, MICHAEL G
STREET ADDRESS	6729 NW 27 STREET
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	V
NAME	MILLER, DARYL J
STREET ADDRESS	2665 SE 2ND CT
CITY-ST-ZIP	POMPANO BEACH, FL 33062
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	

U00000640269
02/28/07--80059-016 150.00

DO NOT WRITE IN THIS SPACE

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: _Michael G. Hayhurst_   michael Hayhurst Director   2/13/07   954-520-9011

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