

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015931

**FILED**  
**Apr 13, 2006**  
**Secretary of State**

**Entity Name:** CARIBBEAN ASSOCIATION OF ADVENTURE WELLNESS & SPAS, INC.

**Current Principal Place of Business:**

940 LINCOLN ROAD  
SUITE 218  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

13310 ST. TROPEZ CIRCLE  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

**FEI Number:** 20-2258540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEAL, MARGUERITE A  
13310 ST. TROPEZ CIRCLE  
PALM BEACH GARDENS, FL 33410 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:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

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

**Title:** D ( ) Change (X) Addition  
**Name:** FISHER, WANDA  
**Address:** 940 LINCOLN ROAD, SUITE 218  
**City-St-Zip:** MIAMI BEACH, FL 33139

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:** WANDA FISHER

D

04/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date