2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# P05000020445

Entity Name: CARIBBEAN FLAVORS, INC

Current Principal Place of Business:

3775 LYONS RD
LAKE WORTH, FL 33467 US

New Principal Place of Business:

3775 LYONS ROAD
LAKE WORTH, FL 33467 US

Current Mailing Address:

3775 LYONS RD
LAKE WORTH, FL 33467 US

New Mailing Address:

3775 LYONS ROAD
LAKE WORTH, FL 33467 US

FEI Number: 20-5229227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARRIA, MANUEL
3775 LYONS RD
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

SARRIA, MANUEL
3775 LYONS ROAD
LAKE WORTH, FL 33467 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: 04/01/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: SARRIA, MANUEL
Address: 3775 LYONS RD
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: SARRIA, MANUEL
Address: 3775 LYONS ROAD
City-St-Zip: LAKE WORTH, FL 33467 US

I hereby certify that the information supplied with this filing does not qualify 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: MANUEL SARRIA P 04/01/2008
Electronic Signature of Signing Officer or Director — Date