2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000035987

Entity Name: CARIBBEAN INTERNATIONAL TRADING, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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16471 BLATT BLVD SUITE 204 WESTON, FL 33326

Current Mailing Address: New Mailing Address:

16471 BLATT BLVD SUITE 204 WESTON, FL 33326

FEI Number: 20-2480181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MATHURA, SUEN

16471 BLATT BLVD SUITE 204
WESTON, FL 33326 US

MATHURA, SVEN
16471 BLATT BLVD SUITE 204
WESTON, FL 33326 US

WESTON, FL 33326 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: SVEN MATHURA 04/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: MATHURA, SUEN Name: MATHURA, SVEN

Address: 16471 BLATT BLVD SUITE 204 Address: 16471 BLATT BLVD SUITE 204

City-St-Zip: WESTON, FL 33326 City-St-Zip: WESTON, FL 33326

Title: VD (X) Delete Title: () Change () Addition Name: MATHURA. BASIL Name:

 Address:
 16471 BLATT BLVD SUITE 204
 Address:

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:

Title: SD (X) Delete Title: () Change () Addition

 Name:
 MATHURA, MARION
 Name:

 Address:
 16471 BLATT BLVD SUITE 204
 Address:

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:

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: SVEN MATHURA PD 04/26/2007