
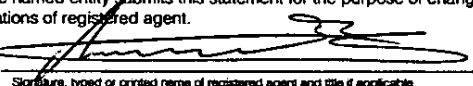
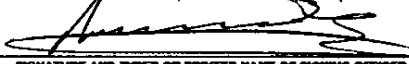


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90039 008 \*\*\*150.00

<b>DOCUMENT # P05000047297</b> 1. Entity Name <b>CARIBE YACHTS, INC.</b>					
Principal Place of Business <b>2102 GOLVIEW COURT FT. PIERCE, FL 34950</b>			Mailing Address <b>2102 GOLVIEW COURT FT. PIERCE, FL 34950</b>		
2. Principal Place of Business <b>2102 GOLVIEW COURT</b> Suite, Apt. #, etc.		3. Mailing Address <b>2102 GOLVIEW COURT</b> Suite, Apt. #, etc.			
City & State <b>FT PIERCE</b>		City & State <b>FT PIERCE</b>		4. FEI Number <b>202624432</b>	
Zip <b>34950</b> Country <b>USA</b>		Zip <b>34950</b> Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIBERAUD, CHARLES 4025 W. MCNAB ROAD #E-208 POMPAÑO BEACH, FL 33069</b>			7. Name and Address of New Registered Agent Name <b>RIBEIRAUD CHARLES</b> Street Address (P.O. Box Number is Not Acceptable) <b>2102 GOLVIEW COURT</b> City <b>FT. PIERCE</b> <b>FL</b> Zip Code <b>34950</b>		
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:  DATE: <b>05-11-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>RIBERAUD, CHARLES</b> <b>4025 W. MCNAB ROAD #E-208</b> <b>POMPAÑO BEACH, FL 33069</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>RIBEIRAUD CHARLES</b> <b>2102 GOLVIEW COURT</b> <b>FT PIERCE FL 34950</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			DATE: <b>05-11-06</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		