

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90427 005 ***150.00

DOCUMENT # P05000082932					
1. Entity Name CAROLYN'S CARIBBEAN RESTAURANT INC.					
Principal Place of Business 7128 S. MILITARY TRAIL LAKE WORTH, FL 33463			Mailing Address 7128 S. MILITARY TRAIL LAKE WORTH, FL 33463		
2. Principal Place of Business		3. Office Address 1801 S. FEDERAL HWY. SUITE 219 DELRAY BEACH FL 33483			
Suite, Apt. #, etc.		City & State			
City & State		Zip		Country	
04282006		Chg-P		CR2E034 (11/05)	
4. FEI Number 20-2927682		Applied For Not Applicable			
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARTIN, YOLANDA 3373 DIAMONDHEAD ROAD LANTANA, FL 33462			7. Name and Address of New Registered Agent Name: W.J. TREMBLAY Street Address (P.O. Box Number is Not Acceptable): 1801 S. FEDERAL HWY. SUITE 219 City: DELRAY BEACH FL Zip Code: 33483		
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: <u>W.J. Tremblay</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>04/28/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WYNTER, CAROLYN 3373 DIAMONDHEAD ROAD LANTANA, FL 33462	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, YOLANDA 3373 DIAMONDHEAD ROAD LANTANA, FL 33462	<input type="checkbox"/> Delete			
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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: <u>Carolyn Wynter</u> DATE: <u>04/26/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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