

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000100780**

1. Entity Name  
**CARIB ENTERPRISES, INCORPORATED**



Principal Place of Business  
**5838 TAFT STREET  
HOLLYWOOD, FL 33021 US**

Mailing Address  
**P.O. BOX 935131  
MARGATE, FL 33093 US**



04212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-2098162</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCCARTHY, PETER  
5838 TAFT STREET  
HOLLYWOOD, FL 33021**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000749542  
05/18/07-80027-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MCCARTHY, PETER
STREET ADDRESS	5838 TAFT STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	S
NAME	JONES, MONROYDE
STREET ADDRESS	2930 E SABLE CIR
CITY-ST-ZIP	POMPANO BEACH, FL 33063

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MONROYDE JONES- SECRETARY** 4/27/07 954.449-5334