2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000140648

1. Entity Name
CARIBBEAN HOMES GROUP, INC

Principal Place of Business	Mailing Address
8530 SW 103 ST RD OCALA, FL 34481	8530 SW 103 ST RD OCALA, FL 34481

DO NOT WRITE IN THIS SPACE

07182007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3718687	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, YAZMIN
10510 SW 47 AVE
OCALA, FL 34476

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **Due by September 14, 2007**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P.
NAME	FUENTES, GLORIA
STREET ADDRESS	8530 SW 103 ST RD
CITY-ST-ZIP	OCALA, FL 34481

U00000769739
07/20/07-80003-014 150.00

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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: _Gloria Fuentes_   6-30-07   (352) 873-1871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #