

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90022 018 \*\*\*150.00

<b>DOCUMENT # P05000145108</b> 1. Entity Name <b>CARRIBEAN SUNSHINE PRODUCE INC</b>						
Principal Place of Business <b>2528 WEST COLONIAL STE B ORLANDO, FL 32804 US</b>			Mailing Address <b>2528 WEST COLONIAL STE B ORLANDO, FL 32804 US</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
<b>VEGA, WILLIAM E 120 DEBARY DR DEBARY, FL 32713</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when reappointing)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALEY, PETER H			NAME		
STREET ADDRESS	2528 W COLONILA DR			STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32804			CITY- ST- ZIP		
TITLE	VP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEGA, IVAN			NAME		
STREET ADDRESS	2829 SUNBLAKE LOOP #113			STREET ADDRESS		
CITY- ST- ZIP	LAKE MARY, FL 32748			CITY- ST- ZIP		
TITLE	SEC <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEGA, WILLIAM E			NAME		
STREET ADDRESS	120 DEBARY DR			STREET ADDRESS		
CITY- ST- ZIP	DEBARY, FL 32713			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
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:				1/5/06 (37) 439-2522 <small>Date Daytime Phone #</small>		