

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-02-2007 90024 010 ***150.00

DOCUMENT # P06000130854 1. Entity Name CARIBBEAN FLAVOR RESTAURANT & TAKE OUT, INC.			
Principal Place of Business 4870 BABCOCK STREET 1 PALM BAY FL 32905		Mailing Address 4870 BABCOCK STREET 1 PALM BAY FL 32905	
2. Principal Place of Business - No P.O. Box # 4870 Babcock street Suite, Apt. #, etc.		3. Mailing Address 806 Dupont street NE Suite, Apt. #, etc.	
City & State Palm Bay Florida Zip 32905		City & State Palm Bay Florida Zip 32907	
Country U.S.A.		Country U.S.A	
4. FEI Number 205674220		☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CBS TAXES, LLC. 1805 CANOVA ST 2 PALM BAY FL 32909		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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><i>Regina Guillaume</i></u> Signature, typed or printed name of registered agent, whichever is applicable. (NOTE: Registered Agent signature required when re-registering.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST-ZIP	P GUILLAUME, REGNA 806 DUPONT ST NE PALM BAY FL 32905	TITLE NAME STREET ADDRESS CITY ST-ZIP	President/Treasurer Regina Guillaume 806 Dupont St NE Palm Bay FL 32907
TITLE NAME STREET ADDRESS CITY ST-ZIP	VP GUILLAUME, LAURIS 806 DUPONT ST NE PALM BAY FL 32905	TITLE NAME STREET ADDRESS CITY ST-ZIP	Vice President Lavitation Guillaume 806 Dupont St NE Palm Bay FL 32907
TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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><i>Regina Guillaume</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u><i>3/15/07</i></u> Daytime Phone #	