

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000018963

Entity Name: CARIBBEAN DELIGHTS INC

FILED  
Jul 08, 2008  
Secretary of State

## Current Principal Place of Business:

5435 NW 10TH COURT STE 207  
FORT LAUDERDALE, FL 33313

## New Principal Place of Business:

## Current Mailing Address:

5435 NW 10TH COURT STE 207  
FORT LAUDERDALE, FL 33313

## New Mailing Address:

FEI Number: 20-8554565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MYRIE, GEORGIA N  
5435 NW 10TH CT  
STE207  
FORT LAUDERDALE, FL 33313 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MYRIE, GEORGIA N  
Address: 5435 NW 10TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: V ( ) Delete  
Name: MARSH-URQUHART, CAROL  
Address: 5435 NW 10TH CT STE 207  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: D ( ) Delete  
Name: LLOYD, SELVYN  
Address: 5435 NW 10TH CT STE 207  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: D ( ) Delete  
Name: JAMES, JEAN  
Address: 5435 NW 10TH CT STE 207  
City-St-Zip: FORT LAUDERDALE, FL 33313

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGIA N MYRIE

P

07/08/2008

Electronic Signature of Signing Officer or Director

Date