

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000073634

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** HAROLD CARIBBEAN & ENTERPRISE INC.

**Current Principal Place of Business:**

341 N. BIRCH RD., #306  
FT. LAUDERDALE, FL 33304

**New Principal Place of Business:**

341 N. BIRCH RD. #416  
FT. LAUDERDALE, FL 33304

**Current Mailing Address:**

341 N. BIRCH RD., #306  
FT. LAUDERDALE, FL 33304

**New Mailing Address:**

PO BOX 39573  
FT. LAUDERDALE, FL 33339

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EUCHNER, IRA J  
341 N. BIRCH RD., #306  
FT. LAUDERDALE, FL 33304      US

**Name and Address of New Registered Agent:**

EUCHNER, IRA J  
341 N. BIRCH RD. #416  
FT. LAUDERDALE, FL 33304      US

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

04/25/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: EUCHNER, IRA J  
Address: 341 N. BIRCH RD. #416  
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: O  
Name: PERSAUD, HARDAT  
Address: 341 N. BIRCH RD. #416  
City-St-Zip: FT. LAUDERDALE, FL 33304

I hereby 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 all other like empowered.

SIGNATURE: IRA EUCHNER

PD

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date