


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000040665 1. Entity Name CARIBBEAN TRADING CORPORATION OF ORLANDO	
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Principal Place of Business 1142 LAURA ST CASSELBERRY, FL 32752 US	Mailing Address 1142 LAURA ST CASSELBERRY, FL 32752 US
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04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3190976	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUMMING, ROGER 1142 LAURA ST CASSELBERRY, FL 32707
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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 if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000314858 04/19/05-80012-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUMMING, MARY M. 1142 LAURA ST. CASSELBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUMMING ROGER 11420 LAURA ST CASSELBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUMMING, ROGER 1142 LAURQ ST CASSELBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUMMING, MARY M 1142 LAURA ST CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>M. Cumming</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-14-05 <small>Date</small>	407-699-2184 <small>Daytime Phone #</small>
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