

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000071180

1. Entity Name

CARIBBEAN ADVENTURES DIVE TRAVEL, INC.



Principal Place of Business

1507-C SOUTH UNIVERSITY DR.
PLANTATION, FL 33324 US

Mailing Address

1507-C SOUTH UNIVERSITY DR.
PLANTATION, FL 33324 US

FILED
Jul 10, 2006 08:00 AM
Secretary of State



07062008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0445209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHORNLESKY, MARGO *Margo Peyton*
1507-C SOUTH UNIVERSITY DRIVE
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Margo Peyton
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/6/06

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME CHORNLESKY, MARGO *Margo Peyton*
STREET ADDRESS 11872 SW 9 COURT
CITY-ST-ZIP DAVIE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Margo Peyton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #