



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000085415</b>		
1. Entity Name CARIBBEAN AIRWAYS, INC.		

Principal Place of Business 5412 MENDOZA STREET WEST PALM BEACH, FL 33415 US	Mailing Address PO BOX 17951 WEST PALM BEACH, FL 33416 US
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DO NOT WRITE IN THIS SPACE

	
01202005 No Chg-P	CR2E034 (10/03)
4. FEI Number 65-0462882	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  VASALLO, CLARA 5412 MENDOZA STREET WEST PALM BEACH, FL 33415	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDPT ORTA, BARBARO J 5412 MENDOZA STREET WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VASALLO, CLARA 5412 MENDOZA STREET WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SAAVEDRA, FRANCISCA M 5412 MENDOZA STREET WEST PALM BEACH, FL 33415
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01/22/05-80003-001 158.75

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:** Barbara Ohta, 20 January 2005, (561) 386-4960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #