


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000066406 1. Entity Name CARIBEX ENTERPRISES, INC.	
--	---

Principal Place of Business 10310 SOUTHWEST 103 COURT MIAMI, FL 33176	Mailing Address 10310 SOUTHWEST 103 COURT MIAMI, FL 33176
---	---

DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0603336	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NANCY L. BROWN-% DOHAN COMPANY 7700 NORTH KENDALL DRIVE STE 204 MIAMI, FL 33156	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.

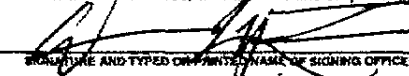
SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000094134 03/22/04-80047-008 158.75
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LYONS, DAVID E 10310 SOUTHWEST 103 COURT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LYONS, ANN E 10310 SOUTHWEST 103 COURT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, NANCY KAY 10310 SW 103 COURT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(f), 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:  **DAVID E. LYONS**
PRESIDENT **3/17/04** (305) 273-0205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #