

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90044 040 ***158.78

DOCUMENT # P95000091349

1. Entity Name

CARIBBEAN TREE SERVICES, INC.



Principal Place of Business

5030 N.W. 16TH COURT
LAUDERHILL FL 33313

Mailing Address

5030 N.W. 16TH COURT
LAUDERHILL FL 33313

2. Principal Place of Business

Lauderhill

3. Mailing Address

Lauderhill

Suite, Apt. #, etc.

Lauderhill Florida

Suite, Apt. #, etc.

Lauderhill Florida

City & State

City & State

Zip
33313

Country

Broward

Zip

33313

Country

Broward

6. Name and Address of Current Registered Agent

CHUCK MOGBO, P.A.
2800 W OAKLAND PK BLVD
SUITE 209
OAKLAND FL 33311

4. FEI Number

65-0625462

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
EDWARDS, TWIDSMERE A
5030 NW 16 COURT
LAUDERHILL FL 33313

☐ Delete

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Twidsmere Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/04

DATE

954 486-3960

DAYTIME PHONE #