2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P96000005339 02-27-2006 90069 015 ***150.00 1. Entity Name CARICOM EXPORT, INC. Principal Place of Business Mailing Address 2599 LAKÉVIEW CT COOPER CITY FL 33026 US 2599 LAKEVIEW CT COOPER CITY FL 33026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0633741 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REGISTER AGENT SERVICES CORPORATION Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVE. SUITE 300 MIAMI FL 33131 ... City Zio Code 8. The above named this whomats 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, 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete Addition SCHNOOR, SANDRA NAME SCHNOOR, SANDRA NAME STREET ADDRESS 2599 LAKEVIEW COURT STREET ADDRESS 2599 LAKEVIEW COURT CITY-ST-ZIP HOLLYWOOD FL 33026 CITY-ST-ZIP COOPER CITY, FL. 33026 TITLE ☐ Delete Addition NAME SCHNOOR, HANS NAME STREET ADDRESS 8161 SW 27TH PLACE STREET ADDRESS CITY-ST-ZIP **DAVIE FL 33328** CITY-ST-ZIP TTTLE М ☐ Delete THTLE ☐ Change Addition NAME SCHNOOR, RAYMOND NAME STREET ADDRESS STREET ADDRESS 2599 LAKEVIEW COURT CITY-ST-7IP CITY - ST - 7/P COOPER CITY FL 33026 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 to stee 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.

FILED

Feb 27, 2006 8:00 am

SIGNATURE: SANDRA SCHNOOR 2/13/06 954)430-7717