


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000005339 1. Entity Name CARICOM EXPORT, INC.	
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Principal Place of Business 2599 LAKEVIEW CT COOPER CITY, FL 33026 US	Mailing Address 2599 LAKEVIEW CT COOPER CITY, FL 33026 US
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01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0633741	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTER AGENT SERVICES CORPORATION
444 BRICKELL AVE.
SUITE 300
MIAMI, FL 33131

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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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SCHNOOR, SANDRA
STREET ADDRESS	2599 LAKEVIEW COURT
CITY-ST-ZIP	COOPER CITY, FL 33026

TITLE	D
NAME	SCHNOOR, HANS
STREET ADDRESS	8161 SW 27TH PLACE
CITY-ST-ZIP	DAVIE, FL 33328

TITLE	M
NAME	SCHNOOR, RAYMOND
STREET ADDRESS	2599 LAKEVIEW COURT
CITY-ST-ZIP	COOPER CITY, FL 33026

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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02/28/07-80081-013 150.00

**DO NOT WRITE
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:

Sandra Schnoor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA SCHNOOR

1/29/07

954)430-7717
Date Daytime Phone #