2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# P96000100638

Entity Name: CARIBBEAN FOOD STORE, INC.

Current Principal Place of Business:

5192 GOLDEN GATE
#A
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10523
NAPLES, FL 34101

New Mailing Address:

FEI Number: 59-3422668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAINT PAUL, JOSEPH R
4495 26TH PL SW
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SAINT PAUL, JOSEPH R
Address: 5192 GOLDEN GATE PARKWAY, #A
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete
Name: SAINT PAUL, BIENNELIE
Address: 5192 GOLDEN GATE PARKWAY, #A
City-St-Zip: NAPLES, FL 34116

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: OW ( ) Change (X) Addition
Name: SAINT PAUL, JOSEPH R
Address: 5192 GOLDEN GATE PARKWAY #A
City-St-Zip: NAPES, FL 34116

Title: OW ( ) Change (X) Addition
Name: SAINT PAUL, BIENNELIE
Address: 5192 GOLDEN GATE PARKWAY#A
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH R SAINT PAUL OW 01/05/2005

Electronic Signature of Signing Officer or Director Date