2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000100638

Entity Name: CARIBBEAN FOOD STORE, INC.

Jul 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5192 GOLDEN GATE 5192 GOLDEN GATE PKWY NAPLES, FL 34116

NAPLES, FL 34116

New Mailing Address: Current Mailing Address:

P.O. BOX 10523 5192 GOLDEN GATE PKWY NAPLES, FL 34101 NAPLES, FL 34116 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: JOSEPH SAINT PAUL

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition SAINT PAUL, JOSEPH R SAINT PAUL, JOSEPH R Name: Name:

5192 GOLDEN GATE PARKWAY, #A 5192 GOLDEN GATE PKWY Address: Address:

NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34116 City-St-Zip:

Title: Title: () Delete (X) Change () Addition Name: SAINT PAUL, BIENNELIE Name: SAINT PAUL, BIENNELIE

5192 GOLDEN GATE PARKWAY, #A 5192 GOLDEN GATE PKWY Address: Address: NAPLES, FL 34116 NAPLES, FL 34116 City-St-Zip:

City-St-Zip:

() Delete Title: Title: OW OW (X) Change () Addition SAINT PAUL, JOSEPH R SAINT PAUL, JOSEPH R Name: Name:

5192 GOLDEN GATE PARKWAY #A 5192 GOLDEN GATE PKWY Address: Address:

City-St-Zip: NAPES, FL 34116 City-St-Zip: NAPES, FL 34116

Title: () Delete Title: (X) Change () Addition SAINT PAUL, BIENNELIE SAINT PAUL, BIENNELIE Name: Name:

Address: 5192 GOLDEN GATE PARKWAY#A Address: 5192 GOLDEN GATE PKWY

City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 SAINT PAUL OW 07/13/2007