

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90042 022 \*\*\*150.00

<b>DOCUMENT # P97000011601</b>					
<b>1. Entity Name</b> CARIBBEAN FOOD MARKET, INC.					
<b>Principal Place of Business</b> 2121 W. WASHINGTON ST. ORLANDO, FL 32805			<b>Mailing Address</b> 2121 W. WASHINGTON ST. ORLANDO, FL 32805		
<b>2. Principal Place of Business - No P.O. Box #</b> 3567 CONROY RD Suite, Apt. #, etc. #1224		<b>3. Mailing Address</b> 3567 CONROY RD Suite, Apt. #, etc. #1224		<b>50002155</b>	
<b>City &amp; State</b> ORLANDO, FL		<b>City &amp; State</b> ORLANDO, FL		03222008    Chg-P    CR2E034 (12/06)	
<b>Zip</b> 32839		<b>Country</b> US		<b>4. FEI Number</b> 59-3421536	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BAEZ, MANUEL 2121 W. WASHINGTON ST. ORLANDO, FL 32805			<b>7. Name and Address of New Registered Agent</b> Name: BAEZ, MANUEL Street Address (P.O. Box Number is Not Acceptable) 3567 CONROY RD #1224 City: ORLANDO    FL    Zip Code: 32839		
<b>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.</b> SIGNATURE: <u>Manuel Baez</u> MANUEL BAEZ PRESIDENT    3/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> MANUEL, BAEZ		<b>TITLE</b> P., D	<b>NAME</b> BAEZ, MANUEL	
<b>STREET ADDRESS</b> 2121 W. WASHINGTON ST.	<b>CITY-ST-ZIP</b> ORLANDO, FL 32805		<b>STREET ADDRESS</b> 3567 CONROY RD #1224	<b>CITY-ST-ZIP</b> ORLANDO, FL 32839	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Manuel Baez</u> MANUEL BAEZ, PRES.    3/22/08    321-251-9178 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					