

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000103548

1. Entity Name
CARIBE PUERTO RICO, INC.



FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90289 050 ***150.00

Principal Place of Business
**5353 N FEDEARL HWY
STE 204
FORT LAUDERDALE, FL 33308**

Mailing Address
**5353 N FEDEARL HWY
STE 204
CAPE CORAL, FL 33914**



2. Principal Place of Business
5353 N. Federal Hwy.
Suite, Apt. #, etc.
Suite 213
City & State
Ft. Lauderdale, FL
Zip
33308

3. Mailing Address
5353 N. Federal Hwy.
Suite, Apt. #, etc.
Suite 213
City & State
Ft. Lauderdale, FL
Zip
33308

04222005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0816804

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRONRATH, GARY
5353 N FEDERAL HWY
STE 204
FORT LAUDERDALE, FL 33308**

Name
Gary Fronrath
Street Address (P.O. Box Number is Not Acceptable)
5353 N. Federal Hwy.
Suite 213
City
Ft. Lauderdale **FL** Zip Code
33308

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 **Gary Fronrath**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FRONRATH, GARY 5353 N FEDERAL HWY STE 204 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Gary Fronrath, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05

Date

954-489-3973

Daytime Phone #