


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2004 8:00 am
Secretary of State

06-22-2004 90002 044 ***150.00

DOCUMENT # P99000042567 1. Entity Name CARIBBEAN TROPIC INC.					
Principal Place of Business 2790 MICHIGAN AVE., UNIT 308 KISSIMMEE, FL 34744 1732 Kelley ave.			Mailing Address 2790 MICHIGAN AVE., UNIT 308 KISSIMMEE, FL 34744		
2. Principal Place of Business Suite, Apt. #, etc. KISSIMMEE F City & State FL Zip 34744			3. Mailing Address 1732 Kelley ave Suite, Apt. #, etc. KISSIMMEE FL City & State FL Zip 34744		
4. FEI Number 59-3642877			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			05072004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent ORTIZ, OMINA 2790 MICHIGAN AVE., UNIT 308 KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name OMINA ORTIZ Street Address (P.O. Box Number is Not Acceptable) 1732 Kelley ave KISSIMMEE FL City FL Zip Code 34744		
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 Ortíz (NOTE: Registered Agent signature required when reinstating) DATE 06-16-04					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, OMINA <input type="checkbox"/> Delete 1732 Kelley ave. 2790 MICHIGAN AVE., UNIT 308 KISSIMMEE, FL 34744		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"/> Delete President OMINA ORTIZ KISSIMMEE FL 34744		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"/> Delete		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"/> Delete		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"/> Delete		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: Ortíz SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			06-16-04 Date Daytime Phone #		

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