


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2006 8:00 am**  
**Secretary of State**

06-01-2006 90062 001 \*\*\*\*\*8.75

06-01-2006 90062 002 \*\*\*150.00

<b>DOCUMENT # P99000042567</b>		
1. Entity Name <b>CARIBBEAN TROPIC INC.</b>		

Principal Place of Business <b>1732 KELLEY AVE. KISSIMMEE, FL 34744</b>	Mailing Address <b>1732 KELLEY AVE. KISSIMMEE, FL 34744</b>
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**66017681**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>Kissimmee</b>		Suite, Apt. #, etc.	
City & State <b>34744 Osceola</b>		City & State	
Zip	Country	Zip	Country



05162006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent	
<b>ORTIZ, OMINA</b> <b>1732 KELLEY AVE.</b> <b>KISSIMMEE, FL 34744</b>	

4. FEI Number <b>59-3642877</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
Name <b>Caribbean Tropical INC.</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>1732 KELLEY AVE.</b>	
City <b>Kissimmee</b>	FL Zip Code <b>34744</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.	
SIGNATURE <b>Omina Ortiz</b>	DATE <b>05-27-06</b>

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ORTIZ, OMINA</b> <b>1732 KELLEY AVE.</b> <b>KISSIMMEE, FL 34744</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
SIGNATURE: <b>Omina Ortiz</b>	DATE <b>05-26-06</b>