2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S06418

RANDALL, AMANDA

HOMESTEAD, FL

26505 S.W. 203RD AVENUE

Name:

Address:

City-St-Zip:

FILED Apr 13, 2009 Secretary of State

Entity Na	me: CARIB PL	ANTS, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	UTHWEST 203 EAD, FL 33031						
Current Mailing Address:			New Mailing Address:				
	UTHWEST 203 EAD, FL 33031						
FEI Number	: 65-0231703	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
26505 SOI	, ROBERT C P UTHWEST 203 EAD, FL 33031	RD AVE					
	named entity s e of Florida.	submits this statement for the	purpose of changing	ts registere	d office or registered agent, or both	,	
SIGNATUI	RE:						
	Electron	ic Signature of Registered A	gent		Date		
Election Ca	mpaign Financing	Trust Fund Contribution ().					
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANG	ES TO OFFICERS AND DIRECTO	RS:	
Title: Name: Address: City-St-Zip:	P () RANDALL, ROE 26505 S.W. 203 HOMESTEAD, F	BRD AVENUE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	V () RANDALL, DIAN 26505 S.W. 203 HOMESTEAD, F	BRD AVENUE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	T () RANDALL, AND 26505 S.W. 203 HOMESTEAD, F	BRD AVENUE	Title: Name: Address: City-St-Zip:		(X) Change () Addition ANDREW ND STREET ASE, MD 20815		
Title:	s ()	Delete	Title [.]	S	(X) Change () Addition		

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.

Name:

Address:

City-St-Zip:

DORITY, AMANDA

2721 PARKVIEW DRIVE

THOUSAND OAKS, CA 91362

SIGNATURE: ROBERT RANDALL Ρ 04/13/2009