



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # S20586 1. Entity Name CARIB INTERNATIONAL WHOLESALE, INC.							
Principal Place of Business 2121 N.W. 20TH ST. MIAMI, FL 33142-7309		Mailing Address 2121 N.W. 20TH ST. MIAMI, FL 33142-7309					
DO NOT WRITE IN THIS SPACE							
							
		01072004 No Chg-P CR2E034 (10/03)					
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number 65-0283841</td> <td style="padding: 2px;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>		4. FEI Number 65-0283841	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent DAHAB, RAMSEY 12885 PINE ROAD NORTH MIAMI, FL 33181		DO NOT WRITE IN THIS SPACE					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
		UN00000135775 04/28/04-80072-008 150.00					
10. OFFICERS AND DIRECTORS							
TITLE	P	DO NOT WRITE IN THIS SPACE					
NAME	DAHAB, RAMSEY						
STREET ADDRESS	12885 PINE ROAD						
CITY - ST - ZIP	NORTH MIAMI, FL						
TITLE	V						
NAME	DAHAB, ABRAHAM						
STREET ADDRESS	2121 N.W. 20TH ST.						
CITY - ST - ZIP	MIAMI, FL 331427309						
TITLE	S						
NAME	DAHAB, KATIA						
STREET ADDRESS	2121 N.W. 20TH ST.						
CITY - ST - ZIP	MIAMI, FL 331427309						
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Ramsey Dahab President 4/24/04 (305) 324-0506 <small>Date Daytime Phone #</small>					