

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2005 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**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0283841

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

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
P
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

100000341269

04/29/05-80008-025 150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05

2059462741