

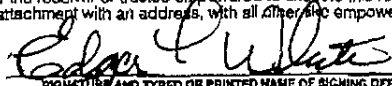
Mar. 10. 2005 11:14AM

Paul A. Milliman

No. 3631 P. 2

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # V20139 1. Entity Name FLORIDA/CARIBBEAN MARKETING, INC.			
Principal Place of Business 600 S. ANDREWS AVENUE POMPANO BEACH, FL 33069 US		Mailing Address 600 S. ANDREWS AVENUE POMPANO BEACH, FL 33069 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent WHITE, EDGAR L 6631 N.W. 61ST AVENUE PARKLAND, FL 33067		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 _____	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
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 NAME STREET ADDRESS CITY-ST-AP	P WHITE, EDGAR L. 6631 N.W. 61ST AVENUE PARKLAND, FL 33067		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 officers empowered.			
SIGNATURE: 		3/14/05 954-545-9778 Daytime Phone	



03102005 No Chg-P CR2E034 (10/03)

 4. FEI Number
59-3118356

 Applied For
 Not Applicable

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

 000000264823
 03/16/05-80030-019 150.00

**DO NOT WRITE
IN THIS SPACE**