

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007693

Entity Name: CARIBEFEST, INC.**Current Principal Place of Business:**513 SOUTHWEST 176 WAY
PEMBROKE PINES, FL 33029**Current Mailing Address:**513 SOUTHWEST 176 WAY
PEMBROKE PINES, FL 33029**FEI Number:** 06-1652589**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4T FLOOR
MIAMI, FL 33145 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	LIMAGE, JEAN H
Address	513 SOUTHWEST 176 WAY
City-State-Zip:	PEMBROKE PINES FL 33029

Title	DVP
Name	LIMAGE, DEEANN ANDREE
Address	513 SOUTHWEST 176 WAY
City-State-Zip:	PEMBROKE PINES FL 33029

Title	DT
Name	JEAN ENARD, GARY
Address	513 SOUTHWEST 176 WAY
City-State-Zip:	PEMBROKE PINES FL 33029

Title	SD
Name	LISSADE, JOSEPH GSR.
Address	513 SOUTHWEST 176 WAY
City-State-Zip:	PEMBROKE PINES FL 33029

Title	D
Name	JEAN, JULIETTE
Address	513 SOUTHWEST 176 WAY
City-State-Zip:	PEMBROKE PINES FL 33029

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEAN HAROLD LIMAGE**DIRECTOR/PRESIDENT****03/28/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date