

2024 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 HAROLD
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

04/17/2024

Electronic Signature of Signing Officer/Director Detail

Date