

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000083201

**Entity Name:** CARIBBEAN FOOD FESTIVAL INC

**Current Principal Place of Business:**

2514 LAKE DEBRA DR  
207  
ORLANDO, FL 32835

**Current Mailing Address:**

2514 LAKE DEBRA DR  
207  
ORLANDO, FL 32835 US

**FEI Number:** 46-4373382

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GUILLAUME, FREDERIC M  
2514 LAKE DEBRA DR  
207  
ORLANDO, FL 32835 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 P  
Name GUILLAUME, FREDERIC M  
Address 2514 LAKE DEBRA DR  
207  
City-State-Zip: ORLANDO FL 32835

Title EXECUTIVE SECRETARY  
Name MILORD, MARIA E  
Address 2514 LAKE DEBRA DR  
207  
City-State-Zip: ORLANDO FL 32835

Title ASST. SECRETARY  
Name ANTOINE, VIGAUD  
Address 2514 LAKE DEBRA DR  
207  
City-State-Zip: ORLANDO FL 32835

Title TREASURER  
Name SAINT CHARLES, FREDO  
Address 4540 NW 36TH ST  
406  
City-State-Zip: LAUDERDALE LAKES FL 33319

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

**SIGNATURE:** FREDERIC MARC GUILLAUME

**PRESIDENT**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date