

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000021943

**Entity Name:** CARIBBEAN GADGETS CORP

**Current Principal Place of Business:**

810 FALLING WATER RD  
WESTON, FL 33326

**Current Mailing Address:**

810 FALLING WATER RD  
WESTON, FL 33326 US

**FEI Number:** 92-3207004

**Certificate of Status Desired:** No

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

GALLO, LUIS F  
1820 N CORPORATE LAKES BLVD  
206  
WESTON, FL 33326 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 GONZALEZ, JOSE A  
Address 810 FALLING WATER RD  
City-State-Zip: WESTON FL 33326

Title VP  
Name ENCARNACION, JOSE A  
Address 810 FALLING WATER RD  
City-State-Zip: WESTON FL 33326

Title SEC  
Name ECHAVARRIA, NATACHA P  
Address 810 FALLING WATER RD  
City-State-Zip: WESTON FL 33326

Title DR  
Name ECHAVARRIA, NATACHA P  
Address 810 FALLING WATER RD  
City-State-Zip: WESTON FL 33326

*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:** GONZALEZ , JOSE A

**PRESIDENT**

**04/15/2024**

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

\_\_\_\_\_  
Date