

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 653046	
1. Entity Name CARIBE INVESTMENTS OF NAPLES, INC.	

Principal Place of Business 12275 COLLIER BLVD 14 NAPLES, FL 34116 US	Mailing Address 12275 COLLIER BLVD 14 NAPLES, FL 34116 US
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-1995918	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**EFFRAIN, ARCE
3621 13TH AVE S.W.
NAPLES, FL 34117**

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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

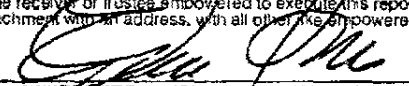
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP FIGUEROA, GUILLERMO 201 MERMAIDS BIGHT NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ARCE, EFFRAIN 3621 13TH AVE S W NAPLES, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D ZAMBON, FRANCESCO 4380 27TH CT SW #410 NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY ST ZIP	D ARCE, ISAIAS 3338 POINCIANA ST NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY ST ZIP	DS CROWSON, JAMES 143 PALMETTO DUNES CT NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY ST ZIP	

**U000000050937
02/16/04-80030-014 150.00**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.0713)(f), 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:  **EFFRAIN ARCE** 2/11/04 239-455-1448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #