2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 653046

1. Entity Name
CARIBE INVESTMENTS OF NAPLES, INC.

Principal Place of Business	Mailing Address
12275 COLLIER BLVD 14 NAPLES, FL 34116 US	12275 COLLIER BLVD 14 NAPLES, FL 34116 US

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI 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

EFRAIN, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	FIGUEROA, GUILLERMO
STREET ADDRESS	201 MERMAIDS BIGHT
CITY ST ZIP	NAPLES, FL 34103
TITLE	PD
NAME	ARCE, EFFRAIN
STREET ADDRESS	3621 13TH AVE S W
CITY-ST ZIP	NAPLES, FL
TITLE	D
NAME	ZAMBON, FRANCESCO
STREET ADDRESS	4380 27TH CT SW #410
CITY-ST ZIP	NAPLES, FL 34116
TITLE	D
NAME	ARCE, ISAIAS
STREET ADDRESS	3338 POINCIANA ST
CITY ST ZIP	NAPLES, FL 34105
TITLE	DS
NAME	CROWSON, JAMES
STREET ADDRESS	143 PALMETTO DUNES CT
CITY-ST ZIP	NAPLES, FL 34113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

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01/19/05-80052-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: (EFRAIN ARCE) 1/14/05 (239) 455-5804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #