

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 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**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FES 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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

1107000441059
03/03/06-80020-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

(EFFRAIN ARCE) 2/9/06 (239) 455-3781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #