

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 653046

FILED
Mar 19, 2009
Secretary of State

Entity Name: CARIBE INVESTMENTS OF NAPLES, INC.

Current Principal Place of Business:

12275 COLLIER BLVD
14
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

12275 COLLIER BLVD
14
NAPLES, FL 34116 US

New Mailing Address:

FEI Number: 59-1995918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EFRAIN, ARCE
3621 13TH AVE S.W.
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FIGUEROA, GUILLERMO
Address: 201 MERMAIDS BIGHT
City-St-Zip: NAPLES, FL 34103 US

Title: PD () Delete
Name: ARCE, EFFRAIN,
Address: 3621 13TH AVE S W
City-St-Zip: NAPLES, FL 34117 US

Title: D () Delete
Name: ZAMBON, FRANCESCO
Address: 4380 27TH CT SW #410
City-St-Zip: NAPLES, FL 34116 US

Title: D () Delete
Name: ARCE, ISAIAS
Address: 3338 POINCIANA ST
City-St-Zip: NAPLES, FL 34105 US

Title: DS () Delete
Name: CROWSON, JAMES
Address: 143 PALMETTO DUNES CT
City-St-Zip: NAPLES, FL 34113 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EFRAIN ARCE

P

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date