

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000178

FILED
Feb 28, 2006
Secretary of State

Entity Name: CARIBBEAN PROJECT MANAGEMENT, P.C.

Current Principal Place of Business:

CORPORATE OFFICE PARK
CPM PLAZA, SUITE 200, ROAD 20, KM 2.6
GUAYNABO, PR 00966

New Principal Place of Business:

Current Mailing Address:

CORPORATE OFFICE PARK
CPM PLAZA, SUITE 200, ROAD 20, KM 2.6
GUAYNABO, PR 00966

New Mailing Address:

FEI Number: 66-0532683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOSE I. PADIAL, PA
DOUGLAS CENTRE, PH 6,
2600 DOUGLAS ROAD
CORAL GABLES, FL 33134 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: PCD () Delete
Name: ARTEAGA, FRANCISCO G PE
Address: CPM PLAZA, STE. 200, ROAD 20 KM 2.6
City-St-Zip: GUAYNABO, PR 00966

Title: VD () Delete
Name: TORRES, JOSE R PE
Address: CPM PLAZA, STE. 200, ROAD 20 KM 2.6
City-St-Zip: GUAYNABO, PR 00966

Title: SD () Delete
Name: SALCEDO, ANDRES
Address: CPM PLAZA, STE. 200, ROAD 20 KM 2.6
City-St-Zip: GUAYNABO, PR 00966

Title: TD () Delete
Name: ITURRIZAGA, ROSA
Address: CPM PLAZA, STE. 200, ROAD 20 KM 2.6
City-St-Zip: GUAYNABO, PR 00966

Title: VP () Delete
Name: DEL PINO, CARLOS PE
Address: 13800 SW 8TH ST., #101
City-St-Zip: MIAMI, FL 331843032

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 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: CARLOS DEL PINO, PE

VP

02/28/2006

Electronic Signature of Signing Officer or Director

_____ Date