


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L29101  
 1. Entity Name  
 CARIBE RENTALS CORP.



Principal Place of Business 11755 SW 90 STREET SUITE 210 MIAMI, FL 33186 US	Mailing Address 11755 SW 90 STREET SUITE 210 MIAMI, FL 33186 US
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04022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2987250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MARTINEZ, CARLOS E  
 11755 SW 90TH STREET  
 SUITE 210  
 MIAMI, FL 33186

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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000137054 04/29/04-80024-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTINEZ, EMILIO F. 11755 SW 90TH ST SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, CARLOS E. 11755 SW 90TH ST SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, RAUL A. 11755 SW 90TH ST SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, EMILIO J. 11755 SW 90TH ST SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, MARIANA 11755 SW 90TH ST SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 like empowered.

SIGNATURE: \_\_\_\_\_ Date: 4/21/04 Daytime Phone #: (305) 273-1303