2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# P02000005430

Entity Name: AMERICARIBE, INC.

Current Principal Place of Business:

1 BISCAYNE TOWER
2. S. BISCAYNE BLVD., SUITE 2630
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1 BISCAYNE TOWER
2. S. BISCAYNE BLVD., SUITE 2630
MIAMI, FL 33131

New Mailing Address:

FEI Number: 03-0412094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, FABRICE
2 S BISCAYNE BLVD., STE 2630
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

BOURGOIGNIE, P. TRISTAN
1200 ANASTASIA AVE
SUITE 410
CORAL GABLES, FL 33131 US

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: P. TRISTAN BOURGOIGNIE 05/04/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARINETTI, ALAIN
Address: 2 S BISCAYNE BLVD., STE 2630
City-St-Zip: MIAMI, FL 33131

Title: VPTD ( ) Delete
Name: MARTIN, FABRICE
Address: 2 S BISCAYNE BLVD., STE 2630
City-St-Zip: MIAMI, FL 33131

Title: S ( ) Delete
Name: BOURGOIGNIE, TRISTAN P
Address: 2 S BISCAYNE BLVD., STE 2630
City-St-Zip: MIAMI, FL 33131

Title: VPD ( ) Delete
Name: BAUDIN DE LA VALETTE, JEAN B
Address: 2 S BISCAYNE BLVD., STE 2630
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: DUPUIS, RICHARD
Address: 2 S BISCAYNE BLVD., STE 2630
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: MARIEN, PHILIPPE
Address: 2 S BISCAYNE BLVD., STE 2630
City-St-Zip: MIAMI, FL 33131

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:

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 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 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: P. TRISTAN BOURGOIGNIE S 05/04/2005
Electronic Signature of Signing Officer or Director Date