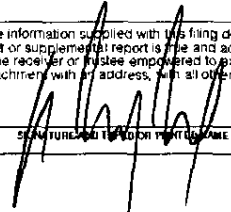


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91802 023 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                  |  |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000134856</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                  |  |                |  |
| 1. Entity Name<br><b>CARIBE HOLDING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                  |  |                                                                                                 |  |
| Principal Place of Business<br>8550 NW 17TH ST., STE. 100<br>MIAMI, FL 33126                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Mailing Address<br>8550 NW 17TH ST., STE. 100<br>MIAMI, FL 33126 |  |                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 3. Mailing Address                                               |  |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Suite, Apt. #, etc.                                              |  |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | City & State                                                     |  | 4. FEI Number<br><b>43-1992150</b>                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Country                                                          |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>BOUNTY GROUP HOLDING LLC<br/>8550 NW 17TH ST., STE. 100<br/>MIAMI, FL 33126</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                  |  | 7. Name and Address of New Registered Agent                                                     |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                  |  | Street Address (P.O. Box Number is Not Acceptable)                                              |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                  |  | FL Zip Code                                                                                     |  |
| 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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                  |  |                                                                                                 |  |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                  |  |                                                                                                 |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                  |  |                                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                  |  |                                                                                                 |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                  |  |                                                                                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:  03/30/03 (305) 436-4368 ext. 9568, 103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                  |  |                                                                                                 |  |

**11042028**



☐ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)