


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90147 020 \*\*\*150.00

**DOCUMENT # P04000009735**

1. Entity Name  
**CARO PROPERTIES INVESTMENTS INC.**



Principal Place of Business  
**520 BRICKELL KEY DRIVE, SUITE 0-305  
 MIAMI, FL 33131**

Mailing Address  
**520 BRICKELL KEY DRIVE, SUITE 0-305  
 MIAMI, FL 33131**

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01142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number  
**58-2687650**

Applied For  
 Not Applicable

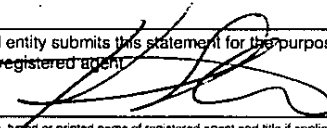
Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TRANSGLOBAL CORPORATE ADMINISTRATION INC.  
 520 BRICKELL KEY DRIVE, SUITE 0-305  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name **Transglobal corp. Administration LLC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**520 Brickell Key Dr.  
 Suite 0-305**  
 City **Miami** FL Zip Code **33131**

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  DATE **4/28/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ FERREIRA, CARLOS FABIO	
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE **04/27/05** (305)374.38.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CARLOS FABIO ALVAREZ FERREIRA**