

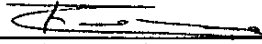
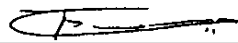


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000043143 1. Entity Name CARIBBEAN CARPENTER, CORP.			
Principal Place of Business 7450 NW 74 AVE MEDLEY, FL 33166		Mailing Address 7450 NW 74 AVE MEDLEY, FL 33166	
2. Principal Place of Business Suite, Apt. #, etc. 330 W 43 ST	3. Mailing Address Suite, Apt. #, etc. 330 W 43 ST	SEC. OF STATE REINSTATEMENT 03082006 REIN-P CR2E098 (11/05) 	
City & State Hialeah FL	City & State Hialeah FL	4. FEI Number 51-0504450	Applied For Not Applicable
Zip 33012	Country	Zip 33012	Country
6. Name and Address of Current Registered Agent FERNANDEZ, ROGELIO 7450 NW 74 AVE MEDLEY, FL 33166		7. Name and Address of New Registered Agent Name Raul Fernandez Street Address (P.O. Box Number is Not Acceptable) 330 W 43 ST City HIALEAH FL Zip Code 33012	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VTD NAME FERNANDEZ, RAUL STREET ADDRESS 330 W. 43 ST. CITY-ST-ZIP HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME 200068109472 STREET ADDRESS 03/20/06--01024--006 CITY-ST-ZIP **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME MACHUAT, ESDRA STREET ADDRESS 75 W. 30 ST., APT. 7 CITY-ST-ZIP HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME P-D ROGELIO Fernandez STREET ADDRESS 7450 NW 74 AV CITY-ST-ZIP MIAMI FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	

FILED
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SEC. OF STATE
REINSTATEMENT
FLORIDA 05-06