2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # G62677

1. Entity Name
CARIBBEAN TERMINALS, INC.

Principal Place of Business	Mailing Address
C/O JORDAN MONOCANDILOS 3201 NW 24TH ST RD MIAMI, FL 33142	C/O JORDAN MONOCANDILOS 3201 NW 24TH ST RD MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2326475
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONOCANDILOS, JORDAN
3201 NW 24TH ST RD
MIAMI, FL 33142

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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 _____
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, 2004 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
NAME	MONCANDILOS, JORDAN
STREET ADDRESS	3201 NW 24TH ST RD
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	MONOCANDILOS, THEODORA
STREET ADDRESS	3201 NW 24TH ST RD
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	DIAZ, LILIA A
STREET ADDRESS	3201 NW 24TH ST RD
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	ISERN, JORGE E
STREET ADDRESS	3201 NW 24TH ST RD
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	MONOCANDILOS, NICOLAS
STREET ADDRESS	3201 NW 24TH ST RD
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/04-80213-013 158.75

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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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #