

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003734

FILED  
May 21, 2005  
Secretary of State

Entity Name: CARIBE EXPRESS ASSOCIATES, INC.

## Current Principal Place of Business:

6505 HUDSON AVE.  
WEST NEW YORK, NJ 07093

## New Principal Place of Business:

149 SW 57 TH AVE  
MIAMI, FL 33144

## Current Mailing Address:

6505 HUDSON AVE.  
WEST NEW YORK, NJ 07093

## New Mailing Address:

FEI Number: 22-3696772      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DIEGUEZ, ROSARIO  
149 SW 57TH AVE.  
MIAMI, FL 33144      US

## Name and Address of New Registered Agent:

DIEGUEZ, ROSARIO  
6505 HUDSON AVE  
WEST NEW YORK, NEW JERSEY, FL 07093      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: ROSARIO DIEGUEZ

05/21/2005

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: DPT      ( ) Delete  
Name: DIEGUEZ, ROSARIO  
Address: 6505 HUDSON AVE.  
City-St-Zip: WEST NEW YORK, NJ 07093

Title: S      ( ) Delete  
Name: DIEGUEZ, ULRICH  
Address: 6505 HUDSON AVE.  
City-St-Zip: WEST NEW YORK, NJ 07093

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROSARIO DIEGUEZ

DPT

05/21/2005

Electronic Signature of Signing Officer or Director

Date