

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90150 009 ****50.00

DOCUMENT # L03000051359 1. Entity Name CARIBE CENTRAL LLC					
Principal Place of Business 11755 SW 90 ST, STE 210 MIAMI, FL 33173			Mailing Address 11755 SW 90 ST, STE 210 MIAMI, FL 33173		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01192007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-0487026	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTINEZ, CARLOS E 11755 SW 90 ST. #210 MIAMI, FL 33186			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTINEZ, CARLOS E 11755 SW 90 ST., #210 MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARTINEZ, FERNANDO 11755 SW 90 ST, #210 MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARTINEZ, RAUL A 11755 SW 90 ST., #210 MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARTINEZ, EMILIO J 11755 SW 90 ST., #210 MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARTINEZ, EMILIO F 11755 SW 90 ST., #210 MIAMI, FL 33186	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☒ Addition S Arnaiz, Miran 11755 SW 90 Street, #210 Miami, FL 33186			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			1/20/07 3052731303 Date Daytime Phone #		