

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000008

Entity Name: CARIBBEAN FINANCIAL, INC.

Current Principal Place of Business:

20803 BISCAYNE BOULEVARD
SUITE 400
AVENTURA, FL 33180

Current Mailing Address:

20803 BISCAYNE BOULEVARD
SUITE 400
AVENTURA, FL 33180

FEI Number: 71-1011997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TIRADO, LAURA
20803 BISCAYNE BOULEVARD
SUITE 400
AVENTURA, FL 33180 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:

Electronic Signature of Registered Agent Date

Officer/Director Detail :

Title CHAIRMAN
Name PORTER, DANIEL
Address 277 PARK AVENUE
39TH FLOOR
City-State-Zip: NEW YORK NY 10172

Title CHAIRMAN
Name JUNEJA, ROBERT
Address 277 PARK AVENUE
City-State-Zip: NEW YORK NY 10172

Title CHIEF EXECUTIVE OFFICER AND
PRESIDENT
Name SEGARRA, ORIOL
Address PO BOX 192388
City-State-Zip: SAN JUAN PR 00919

Title COO
Name GONZALEZ, JOSE
Address PO BOX 192388
City-State-Zip: SAN JUAN PR 00919

Title CFO
Name NITZBERG, JOEL
Address 20803 BISCAYNE BLVD., SUITE 400
City-State-Zip: AVENTURA FL 33180

Title TREASURER
Name HERNANDEZ, GILBERTO
Address 20803 BISCAYNE BLVD., SUITE 400
City-State-Zip: AVENTURA FL 33180

Title SECRETARY
Name ELIZA, JOEL M
Address 20803 BISCAYNE BLVD., SUITE 400
City-State-Zip: AVENTURA FL 33180

I hereby 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 all other like empowered.

SIGNATURE: JOEL NITZBERG

CFO

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date