

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 332521

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** CARIBE INSURANCE AGENCY CORPORATION

**Current Principal Place of Business:**

2333 BRICKELL AVENUE  
SUITE A-1  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

2333 BRICKELL AVENUE  
SUITE A-1  
MIAMI, FL 33129

**New Mailing Address:**

**FEI Number:** 59-1215133      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPEZ, ISABEL  
2333 BRICKELL AVENUE  
APT 2811  
MIAMI, FL 33129 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LOPEZ, ISABEL  
Address: 2333 BRICKELL AVENUE - APT 2811  
City-St-Zip: MIAMI, FL 33129

Title: VPD  
Name: LOPEZ, CARLOS A., JR  
Address: 2333 BRICKELL AVENUE - SUITE A-1  
City-St-Zip: MIAMI, FL 33129

Title: STD  
Name: PINA, MAYRA L.  
Address: 2333 BRICKELL AVENUES - SUITE A-1  
City-St-Zip: MIAMI, FL 33129

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: MAYRA L PINA

STD

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date