

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 456135

**FILED
Feb 20, 2004
Secretary of State**

Entity Name: CARIBE HEARING AID SERVICE, INC.

Current Principal Place of Business:

10701 SW 38 STREET
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

10701 SW 38 STREET
MIAMI, FL 33165

New Mailing Address:

FEI Number: 59-1545467 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DURAN, ESTHER C
10701 SW 38 STREET
MIAMI, FL 33165

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: P () Delete
Name: DURAN, JOSE F.,
Address: 10986 S.W. 28TH ST.
City-St-Zip: MIAMI, FL

Title: ST () Delete
Name: DURAN, ESTHER C.,
Address: 10986 S.W. 28TH ST.
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: SOMEILLAN, YVETTE DURAN
Address: 10986 S.W. 28TH ST.
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: SOMEILLAN, JOSEPH
Address: 9430 SW 30 TERR
City-St-Zip: MIAMI, FL 33165

Title: VP () Delete
Name: DURAN, JOSEPH DR
Address: 10986 SW 28 STREET
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ESTHER C DURAN

ST

02/20/2004

Electronic Signature of Signing Officer or Director

_____ Date