

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 512468

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: CARIB SALES, INC.

**Current Principal Place of Business:**

4500 NW 135TH STREET  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

4500 NW 135TH STREET  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 59-1702227      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KRIGER, MOISES  
4500 NW 135TH STREET  
OPA LOCKA, FL 33054      US

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

KRIGER, MOISES  
4500 NW 135TH STREET  
OPA LOCKA, FL 33054      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: MOISES KRIGER

02/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KRIGER, MOISES  
Address: 4500 NW 135TH STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: V ( ) Delete  
Name: KRIGER, FRANK J  
Address: 4500 NW 135TH STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: S ( ) Delete  
Name: KRIGER, LIDIA  
Address: 4500 NW 135TH STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: T ( ) Delete  
Name: KRIGER, NELSON E  
Address: 4500 NW 135TH STREET  
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KRIGER, MOISES  
Address: 4500 NW 135TH STREET  
City-St-Zip: OPA LOCKA, FL 33054

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

Title: S (X) Change ( ) Addition  
Name: KRIGER, LIDIA  
Address: 4500 NW 135TH STREET  
City-St-Zip: OPA LOCKA, FL 33054

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FRANK J KRIGER

VP

02/16/2009

Electronic Signature of Signing Officer or Director

Date