


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90001 034 ***150.00

DOCUMENT # 547405
1. Entity Name
CARIBE TRANSPORT CONSOLIDATORS, INC.



Principal Place of Business
**11725 NW 100TH ROAD
SUITE 4
MEDLEY, FL 33178**

Mailing Address
**11725 NW 100TH ROAD
SUITE 4
MEDLEY, FL 33178**

50020117



2. Principal Place of Business
Suite, Apt # etc

3. Mailing Address
Suite, Apt. #, etc.

05172006 Chg-P CR2E034 (11/05)

City & State
Zip Country

4. FEI Number
59-1771786

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARGOLIS, JOHN A.
9990 SW 77TH AVE
STE 330
MIAMI, FL 33156-2699**

7. Name and Address of New Registered Agent

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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COLON, JORGE A. 11725 NW 100 ROAD SUITE 4 MEDLEY, FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COLON, RITA C 11725 NW 100 ROAD SUITE 4 MEDLEY, FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **5-24-06**
SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

50020117

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2006

CARIBE TRANSPORT CONSOLIDATORS, INC.
11725 NW 100TH ROAD
SUITE 4
MEDLEY, FL 33178

SUBJECT: CARIBE TRANSPORT CONSOLIDATORS, INC.
Ref. Number: 547405

We have received your document for CARIBE TRANSPORT CONSOLIDATORS, INC. and check(s) totaling \$317.50. However, your check(s) and document are being returned for the following:

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 406A00035011

attached