

# 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

3. Mailing Address

Suite, Apt. # etc

Suite, Apt. #, etc.

05172006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**59-1771786**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

(Signature, typed or printed name of registered agent and filer if applicable)

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
COLON, JORGE A.  
11725 NW 100 ROAD SUITE 4  
MEDLEY, FL 33178** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
COLON, RITA C  
11725 NW 100 ROAD SUITE 4  
MEDLEY, FL 33178** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-24-06**



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*