

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 683889 1. Entity Name CARIBBEAN AMERICAN FREIGHT, INC.	
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Principal Place of Business 9393 N.W. 13 STREET MIAMI, FL 33172 US	Mailing Address PO BOX 521191 (33152) MIAMI, FL 33152 US
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DO NOT WRITE IN THIS SPACE



04142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2063700	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GLOBAL MANAGEMENT VENTURES INC 9391 NW 13 STREET MIAMI, FL 33172
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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 \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GUEITS, JAIME F JR 755 WEST 60 STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NANCY RANGEL 9393 N.W. 13 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCO MARIN 7750 S.W. 32 STREET MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000719091
05/01/07-80048-019 150.00

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	4/16/07 Date	305-592-2225 Daytime Phone #
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