

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # 683889
 1. Entity Name
CARIBBEAN AMERICAN FREIGHT, INC.



Principal Place of Business Mailing Address
9393 N.W. 13 STREET **PO BOX 521191 (33152)**
MIAMI, FL 33172 US **MIAMI, FL 33152 US**

DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2063700 Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	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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 04/23/08-80022-023 150.00

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: Jaime F. Gueits Date: 4/9/08 Daytime Phone #: 3058922225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR