2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 24, 2005 8:00 am **Secretary of State DOCUMENT #726238** 03-24-2005 90046 031 ****70.00 1. Entity Name CARIBBEAN HOUSE CONDOMINIUM, INC. Principal Place of Business Mailing Address 50030497 3665 N.E. 167TH STREET 3665 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 CR2E037 (10/03) City & State City & State FEI Number 23-7441299 Applied For Not Applicable Ζiρ Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOPEZ-VARONA, LINA M AMMIRATI MAGDALENA Street Address (P.O. Box Number is Not Acceptable) 3665 N.E. 167TH STREET 506 NORTH MIAMI BEACH, FL 33160 HIAHI BEACH Zip Code 33160 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 AHMIRATI SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD TITLE . Change Delete TITLE Assition VARGAS, JORGE E HAME HALIF MAMMIRATI MAGDALENA STREET ADDRESS 3665 N.E. 167TH STREET, #403 STREET ADDRESS 3665 NE 167 ST #506 NORTH MIAMI BEACH, FL 33160 CITY-ST-ZIP CITY-ST-7IP HIAHI BEACH FL TITLE ST Del ete TITLE Addition VPD LOPEZ-VARONA, LINA NAME NAME MENDEZ 167 cf STREET ADDRESS 3665 N.E. 167TH STREET, #504 STREET ADDRESS 3665 NE CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 CITY-ST-ZIP 33160 BEACH TITLE ☐ Delete Addition NAME AMMIRATI, MAGDALENA NAME VARGAS, JORGE E 3665 NE 1675- # 403 STREET ADDRESS 3665 N.E. 167TH STREET, #506 STREET ADDRESS NORTH MIAMI BEACH, FL 33160 CITY-ST-ZIP COY-ST- AP N.MIAMI BEACH ☐ Delete ☐ Change Addition HALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition KALKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attempt my high an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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