

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90251 033 ****70.00

DOCUMENT # 726238

1. Entity Name
CARIBBEAN HOUSE CONDOMINIUM, INC



Principal Place of Business
3665 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33160

Mailing Address
3665 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33160

60002868



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006 Chg-NP CR2E037 (11/05)

4. FEI Number
23-7441299

Applied For
Not Applicable

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

AMMIRATI, MAGDALENA
3665 N.E. 167TH STREET
#506
NORTH MIAMI BEACH, FL 33160

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 title if applicable.

(NOTE: Registered Agent signature required when renating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
AMMIRATI, MAGDALENA
3665 NE 167 ST #506
NORTH MIAMI BEACH, FL 33160 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MENDEZ, BETTY
3665 NE 167 ST #202
NORTH MIAMI BEACH, FL 33160 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
EBINGER, EDWARD
3451 SW 124 COURT
MIAMI, FL 33175 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
VARGAS, JORGE E
3665 NE 167 ST #403
NORTH MIAMI BEACH, FL 33160 ☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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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 of 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 617, 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

MAGDALENA AMMIRATI

1/11/06 (305)9473774

Date

Daytime Phone #