

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90073 010 ***158.75

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1. Entity Name
CARIBBEAN PROJECT MANAGEMENT, P.C.



Principal Place of Business
**CORPORATE OFFICE PARK
CPM PLAZA, SUITE 200, ROAD 20, KM 2.6
GUAYNABO, PR 00966**

Mailing Address
**CORPORATE OFFICE PARK
CPM PLAZA, SUITE 200, ROAD 20, KM 2.6
GUAYNABO, PR 00966**

20006841



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192005 Chg-P CR2E034 (10/03)

4. FEI Number
66-0532683

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

**JOSE I. PADIAL, PA
DOUGLAS CENTRE, PH 6,
2600 DOUGLAS ROAD
CORAL GABLES, FL 33134**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 PCD ☐ Delete
NAME ARTEAGA, FRANCISCO G PE
STREET ADDRESS CPM PLAZA, STE. 200, ROAD 20 KM 2.6
CITY-ST-ZIP GUAYNABO, PR 00966

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

TITLE VD ☐ Delete
NAME TORRES, JOSE R PE
STREET ADDRESS CPM PLAZA, STE. 200, ROAD 20 KM 2.6
CITY-ST-ZIP GUAYNABO, PR 00966

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

TITLE SD ☒ Delete
NAME SALVEDO, ANDRES
STREET ADDRESS CPM PLAZA, STE. 200, ROAD 20 KM 2.6
CITY-ST-ZIP GUAYNABO, PR 00966

TITLE SD ☒ Change ☐ Addition
NAME SALCEDO, ANDRES
STREET ADDRESS CPM PLAZA, STE. 200, ROAD 20 KM 2.6
CITY-ST-ZIP GUAYNABO, PR 00966

TITLE TD ☐ Delete
NAME ITURRIZAGA, ROSA
STREET ADDRESS CPM PLAZA, STE. 200, ROAD 20 KM 2.6
CITY-ST-ZIP GUAYNABO, PR 00966

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

TITLE VP ☐ Delete
NAME DEL PINO, CARLOS PE
STREET ADDRESS 13800 SW 8TH ST., #101
CITY-ST-ZIP MIAMI, FL 331843032

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby 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 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

January 21/2005 787.999.4000
Date Daytime Phone #