



**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90126 001 \*\*\*150.00  
 07-11-2005 90126 002 \*\*\*\*\*8.75

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # F0400000300</b>			
1. Entity Name CARIBBEAN CENTER S.A. (CORP).			
Principal Place of Business 9425 SW SUNSET DR, STE 249 MIAMI, FL 33173		Mailing Address 9425 SW SUNSET DR, STE 249 MIAMI, FL 33173	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DIERICKX, RASCAL 9425 SW SUNSET DR, STE 249 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name: <b>Pascal Dierickx</b> Street Address (P.O. Box Number is Not Acceptable): <b>9425 SW Sunset Drive, Suite 249</b> City: <b>Miami</b> FL Zip Code: <b>33173</b>	
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 re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP JULES PIERRE DIERICKX SR DELMASGO RUE COUTILLEN INPASSE PORT-AU-PRINCE HAITI. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCVP PASCAL DIERICKX 8 TURTLE WALK KEY BISCAYNE MIAMI, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JULES PIERRE DIERICKX JR 9615 SW 118 ST MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: <b>7/5/05</b>	Daytime Phone #: <b>305-598-0400</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PASCAL DIERICKX</b>			

66024401



07062005 Chg-P CR2E034 (10/03)

4. FEI Number  
NOT APPLICABLE Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required