



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # G62677 1. Entity Name CARIBBEAN TERMINALS, INC.			
Principal Place of Business C/O JORDAN MONOCANDILOS 3201 NW 24TH ST RD MIAMI, FL 33142		Mailing Address C/O JORDAN MONOCANDILOS 3201 NW 24TH ST RD MIAMI, FL 33142	
DO NOT WRITE IN THIS SPACE			
		 01262004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2326475	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONOCANDILOS, JORDAN 3201 NW 24TH ST RD MIAMI, FL 33142		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONCANDILOS, JORDAN 3201 NW 24TH ST RD MIAMI, FL	DO NOT WRITE IN THIS SPACE U000000150128 05/03/04-80213-013 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONOCANDILOS, THEODORA 3201 NW 24TH ST RD MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, LILIA A 3201 NW 24TH ST RD MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ISERN, JORGE E 3201 NW 24TH ST RD MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONOCANDILOS, NICOLAS 3201 NW 24TH ST RD MIAMI, FL 33142		
TITLE 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)(c), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	