

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED** ✓  
**Apr 29, 2005 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**



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2326475**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_

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**

TITLE	D
NAME	MONCANDILOS, JORDAN
STREET ADDRESS	3201 NW 24TH ST RD
CITY- ST- ZIP	MIAMI, FL
TITLE	VP
NAME	MONOCANDILOS, THEODORA
STREET ADDRESS	3201 NW 24TH ST RD
CITY- ST- ZIP	MIAMI, FL
TITLE	S
NAME	DIAZ, LILIA A
STREET ADDRESS	3201 NW 24TH ST RD
CITY- ST- ZIP	MIAMI, FL
TITLE	T
NAME	ISERN, JORGE E
STREET ADDRESS	3201 NW 24TH ST RD
CITY- ST- ZIP	MIAMI, FL
TITLE	V
NAME	MONOCANDILOS, NICOLAS
STREET ADDRESS	3201 NW 24TH ST RD
CITY- ST- ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/29/05-80030-004 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 C07, 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

Date

Daytime Phone #