


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90007 046 \*\*\*150.00

<b>DOCUMENT # K00622</b> 1. Entity Name <b>CARIBE TRADING CORPORATION</b>	
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Principal Place of Business <b>6303 BLUE LAGOON DRIVE STE. 360 MIAMI, FL 33126-2049</b>	Mailing Address <b>6303 BLUE LAGOON DRIVE STE. 360 MIAMI, FL 33126-2049</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2853886</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MENENDEZ, ANTONIO R. 150 WEST FLAGLER ST. MUSEUM TOWER, SUITE 2200-ARM MIAMI, FL 33130</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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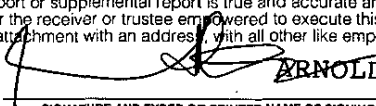
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLARTE, ENRIQUE <input checked="" type="checkbox"/> Delete 6303 BLUE LAGOON DR. #360 MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMEZ, ARNOLD M <input type="checkbox"/> Delete 6303 BLUE LAGOON DR. STE. 360 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, ARNOLD M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6303 BLUE LAGOON DR. STE 360 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALLESTAS, GABRIEL B <input checked="" type="checkbox"/> Delete 63603 BLUE LAGOON DR. STE 360 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RITZEL, ERNESTO F <input type="checkbox"/> Delete 6303 BLUE LAGOON DR. STE 360 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ-RUBIO, ALFREDO M <input type="checkbox"/> Delete 6303 BLUE LAGOON DR. STE 360 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD RUISECO, NICOLAS <input checked="" type="checkbox"/> Delete 6303 BLUE LAGOON DR. STE 360 MIAMI, FL 33126	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:**  **ARNOLD M GOMEZ** (305) 267-0643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #