
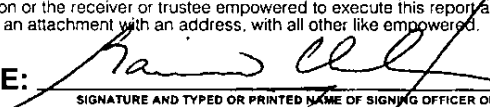


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90023 008 \*\*\*150.00

<b>DOCUMENT # K00622</b> 1. Entity Name <b>CARIBE TRADING CORPORATION</b>					
Principal Place of Business <b>6303 BLUE LAGOON DRIVE STE 140 MIAMI, FL 33126-2049</b>			Mailing Address <b>6303 BLUE LAGOON DRIVE STE. 140 MIAMI, FL 33126-2049</b>		
2. Principal Place of Business - No P.O. Box # <b>6505 BLUE LAGOON DR</b>		3. Mailing Address <b>6505 BLUE LAGOON DR</b>			
Suite, Apt. #, etc. <b>440</b>		Suite, Apt. #, etc. <b>440</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>59-2853886</b>	
Zip <b>33126 -2049</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALAM, CPA, TONI H 6915 RED ROAD, STE 215-A MIAMI, FL 33143</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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, 2007 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETTIN, EDUARDO 6303 BLUE LAGOON DR. STE. 140 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETTIN, EDUARDO 6505 BLUE LAGOON DR. STE. 440 MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VISBAL, RAMIRO 6303 BLUE LAGOON DR. STE 140 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VISBAL, RAMIRO 6505 BLUE LAGOON DR. STE. 440 MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RABAT, AGUSTIN 6303 BLUE LAGOON DR. STE 140 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RABAT, AGUSTIN 6505 BLUE LAGOON DR. STE. 440 MIAMI, FL 33126	
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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			Ramiro Visbal 4/26/07 (305) 267.0643		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		