


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90107 012 \*\*\*150.00

<b>DOCUMENT # K31941</b>		
1. Entity Name <b>CARIBEMAR, INC.</b>		

Principal Place of Business <b>13151 NEWBERRY ROAD TIOGA, FL 32669 US</b>	Mailing Address <b>P.O. BOX 13461 GAINESVILLE, FL 32604 US</b>
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14016439

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04282005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1929726</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DIAZ, MIGUEL J. 13151 NEWBERRY ROAD TIOGA, FL 32669</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, MIGUEL J.</b>	NAME	
STREET ADDRESS	<b>13151 NEWBERRY ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TIOGA, FL 32669</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERRERO, HORST</b>	NAME	
STREET ADDRESS	<b>13151 NEWBERRY ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TIOGA, FL 32669</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIGUEZ, ALFONSO</b>	NAME	
STREET ADDRESS	<b>13151 NEWBERRY ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TIOGA, FL 32669</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANNELLO, LUISA</b>	NAME	<b>Cannella, Luisa G.</b>
STREET ADDRESS	<b>13151 NEWBERRY ROAD</b>	STREET ADDRESS	<b>13151 Newberry Road</b>
CITY-ST-ZIP	<b>TIOGA, FL 32669</b>	CITY-ST-ZIP	<b>TioGa, FL 32669</b>
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, LUIS A</b>	NAME	
STREET ADDRESS	<b>13151 NEWBERRY ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TIOGA, FL 32669</b>	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, ANNELIESE</b>	NAME	
STREET ADDRESS	<b>13151 NEWBERRY ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TIOGA, FL 32669</b>	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)(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: 	<b>Luis Diaz</b>	4/29/05	352-331-6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #