

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 MAY 14 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05072007 Chg-P CR2E034 (12/06)

DOCUMENT # K38040

1. Entity Name
CARIBBEAN INVESTMENT GROUP, INC.



Principal Place of Business

9750 SW 143 ST
MIAMI, FL 33176 US

Mailing Address

9750 SW 143 ST
MIAMI, FL 33176 US

2. Principal Place of Business - No P.O. Box #

12013 SW 129 CT

3. Mailing Address

12013 SW 129 CT

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

7

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

MIAMI-DADE

Zip

33186

Country

MIAMI-DADE

4. FEI Number

65-0089005

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IBARRA, JOSE A
9750 SW 143 ST
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12013 SW 129 CT #7

City

Miami

FL

Zip Code

33186

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 translating)

DATE

5-10-07

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME IBARRA, JOSE A.
STREET ADDRESS 9750 SW 143 ST
CITY- ST- ZIP MIAMI, FL 33176 ☐ Delete

TITLE D
NAME IBARRA, JOSE A.
STREET ADDRESS 9750 SW 143 ST
CITY- ST- ZIP MIAMI, FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000103E11030
CITY- ST- ZIP 05/31/07--01033--008 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-10-07

5/23