


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # K57091 1. Entity Name TRANS-CARIBBEAN INTERNATIONAL CO.	
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Principal Place of Business 1112 S.W. 64 AVE MIAMI, FL 33144-1930	Mailing Address 1112 S.W. 64TH AVENUE MIAMI, FL 33144 US
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02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0102315	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRANCISCO, BONNIN
1112 SW 64TH AVENUE
MIAMI, FL 33144

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000643755
03/02/07-80015-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BONNIN, CATALINA 1112 S.W. 64 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP FRANCISCO, BONNIN 1112 SW 64TH AVE MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Francisco Bonnín - FRANCISCO BONNIN 2-19-07 305-264-1109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #