


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90065 016 ****50.00

DOCUMENT # L03000010053	
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1. Entity Name

CARIBBEAN BUSINESS DEVELOPMENT, LLC

Principal Place of Business

9600 NW 25TH ST.
SUITE 2E
MIAMI FL 33172

Mailing Address

9600 NW 25TH ST.
SUITE 2E
MIAMI FL 33172



2. Principal Place of Business

11500 SW 2nd ST
Suite, Apt. #, etc.
102

3. Mailing Address

11500 SW 2nd ST
Suite, Apt. #, etc.
102

1st MOORE

CR2E083 (10/05)

City & State

MIAMI FL

City & State

MIAMI FL 33174

4. FEI Number

45-0517663

Applied For

Not Applicable

Zip

33174

Country

DADE

Zip

33174

Country

DADE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, MANNY
4110 SW 97 AVE.
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ALVAREZ, MANNY	
STREET ADDRESS	11500 SW 2ND ST #102	
CITY-ST-ZIP	MIAMI FL 33174	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/06 786-331-9512
Date Daytime Phone #