

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000016100

1. Entity Name
CARIBE RENAISSANCE LLC



Principal Place of Business
11755 SW 90TH ST., STE. 210
MIAMI, FL 33186

Mailing Address
11755 SW 90TH ST., STE. 210
MIAMI, FL 33186



01062005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
47-0920283

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, CARLOS E
11755 SW 90 ST #210
MIAMI, FL 33186

**DO NOT WRITE
IN THIS SPACE**

6. 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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	MARTINEZ, CARLOS E
STREET ADDRESS	11755 SW 90 ST #210
CITY-STATE-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, FERNANDO I
STREET ADDRESS	11755 SW 90 ST #210
CITY-STATE-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, RAUL A
STREET ADDRESS	11755 SW 90 ST #210
CITY-STATE-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, EMILIO J
STREET ADDRESS	11755 SW 90 ST #210
CITY-STATE-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	MARTINEZ, EMILIO F
STREET ADDRESS	11755 SW 90 ST #210
CITY-STATE-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	ARNAIZ, MIREN
STREET ADDRESS	11755 SW 90 ST #210
CITY-STATE-ZIP	MIAMI, FL 33186

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02/01/05-80084-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/05 (305) 273-1303