

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90016 048 \*\*\*\*50.00

**24056003**



<b>DOCUMENT # L03000051344</b>					
<b>1. Entity Name</b> CARIBE EAST LLC					
<b>Principal Place of Business</b> 11755 SW 90 ST, STE 210 MIAMI, FL 33173			<b>Mailing Address</b> 11755 SW 90 ST, STE 210 MIAMI, FL 33173		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0487005	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MURAI, WALD, BIONDO & MORENO, P.A. 900 INGRAHAM BLDG, 25 S.E. 2ND AVE MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name: Carlos E. Martinez Street Address (P.O. Box Number is Not Acceptable): 11755 SW 90 St #210 City: Miami FL Zip Code: 33186		
<b>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.</b>					
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 4/21/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Row]			P Martinez, Carlos E. 11755 SW 90 St #210 Miami, FL 33186		
[Empty Row]			VP Martinez, Fernando I. 11755 SW 90 St #210 Miami, FL 33186		
[Empty Row]			VP Martinez, Raul A. 11755 SW 90 St #210 Miami, FL 33186		
[Empty Row]			VP Martinez, Emilio J. 11755 SW 90 St #210 Miami, FL 33186		
[Empty Row]			VP Martinez, Emilio F. 11755 SW 90 St #210 Miami, FL 33186		
[Empty Row]			Sec Arnaiz, Miren 11755 SW 90 St #210 Miami, FL 33186		
<b>11. 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 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.</b>					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: 4/21/04 DAYTIME PHONE #: (305) 273-1303		