

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000051344

1. Entity Name  
CARIBE EAST LLC



Principal Place of Business  
11755 SW 90 ST, STE 210  
MIAMI, FL 33173

Mailing Address  
11755 SW 90 ST, STE 210  
MIAMI, FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
20-0487005

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.  
900 INGRAHAM BLDG, 25 S.E. 2ND AVE  
MIAMI, FL 33131

Name  
Carlos E. Martinez

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

11755 SW 90 ST, #210

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 reinstating)

4/21/04

DATE

Filing Fee Is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Martinez, Carlos E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11755 SW 90 ST. #210 Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Martinez, Fernando I. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11755 SW 90 ST. #210 Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Martinez, Raul A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11755 SW 90 ST. #210 Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Martinez, Emilio J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11755 SW 90 ST. #210 Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Martinez, Emilio F. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11755 SW 90 ST. #210 Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Sec NAME STREET ADDRESS CITY-ST-ZIP	Arnaiz, Miren <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11755 SW 90 ST. #210 Miami, FL 33186

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.

SIGNATURE:

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

4/21/04 (305) 273-1303  
Date Daytime Phone #