

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000051359

1. Entity Name
CARIBE CENTRAL 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



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0487026

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**

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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MARTINEZ, CARLOS E
11755 SW 90 ST., #210
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MARTINEZ, FERNANDO
11755 SW 90 ST, #210
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MARTINEZ, RAUL A
11755 SW 90 ST., #210
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MARTINEZ, EMILIO J
11755 SW 90 ST., #210
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MARTINEZ, EMILIO F
11755 SW 90 ST., #210
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000201028
01/28/05-80052-006 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)(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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/05 (305) 273-1303