

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051359

Entity Name: CARIBE CENTRAL LLC

FILED
Jan 07, 2011
Secretary of State

Current Principal Place of Business:

5901 SW 74 STREET
SUITE 411
MIAMI, FL 33143

New Principal Place of Business:

1500 SAN REMO AVENUE
SUITE 290
CORAL GABLES, FL 33146

Current Mailing Address:

5901 SW 74 STREET
SUITE 411
MIAMI, FL 33143

New Mailing Address:

1500 SAN REMO AVENUE
SUITE 290
CORAL GABLES, FL 33146

FEI Number: 20-0487026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, CARLOS E
5901 SW 74 STREET
SUITE 411
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

MARTINEZ, CARLOS E
1500 SAN REMO AVENUE
SUITE 290
CORAL GABLES, FL 33146 US

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.

SIGNATURE:

01/07/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: MARTINEZ, CARLOS E
Address: 1500 SAN REMO AVENUE, SUITE 290
City-St-Zip: CORAL GABLES, FL 33146

Title: VP
Name: MARTINEZ, FERNANDO I
Address: 1500 SAN REMO AVENUE, SUITE 290
City-St-Zip: CORAL GABLES, FL 33146

Title: VP
Name: MARTINEZ, RAUL A
Address: 1500 SAN REMO AVENUE, SUITE 290
City-St-Zip: CORAL GABLES, FL 33146

Title: VP
Name: MARTINEZ, EMILIO J
Address: 1500 SAN REMO AVENUE, SUITE 290
City-St-Zip: CORAL GABLES, FL 33146

Title: S
Name: ARNAIZ, MIREN
Address: 1500 SAN REMO AVENUE, SUITE 290
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MIREN ARNAIZ

S

01/07/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date