2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000069138

1. Entity Name
CARIBE EDUCATIONAL FACILITY LLC

Principal Place of Business	Mailing Address
C/O ANDREA DOMINGUEZ 6255 BIRD ROAD MIAMI, FL 33155	C/O ANDREA DOMINGUEZ 6255 BIRD ROAD MIAMI, FL 33155

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

01182005   Chg-LLC   CR2E083 (10/03)

4. FEI Number *20-1780464*   Applied For / Not Applicable

5. Certificate of Status Desired ☒   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOMINGUEZ, ANDREA 6255 BIRD ROAD MIAMI, FL 33155	Name Street Address (P.O. Box Number is Not Acceptable) City ____ **FL** Zip Code

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**	.	**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGR NAME: DOMINGUEZ, ANDREA STREET ADDRESS: 6255 BIRD ROAD CITY-ST-ZIP: MIAMI, FL 33155	☒ Delete	TITLE: MGR NAME: ZULUETA, IGNACIO STREET ADDRESS: CITY-ST-ZIP: 6255 BIRD ROAD, MIAMI, FL 33155	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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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: _____   3/22/05   (305) 669-8845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #