

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000043065 1. Entity Name CARIBBEAN IMPORT-EXPORT LLC				FILED 07 OCT -4 PM 2:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 9707 HAMMOCKS BLVD STE 207 MIAMI, FL 33196		Mailing Address 9707 HAMMOCKS BLVD STE 207 MIAMI, FL 33196		10012007 Chg-LLC CR2E083 (12/06) 4. FEI Number 43-2081096	
2. Principal Place of Business - No P.O. Box # 3530 Magellane Circle Suite, Apt. #, etc. Unit 616 City & State Adventura, FL		3. Mailing Address 3530 Magellane Circle Suite, Apt. #, etc. Unit 616 City & State Adventura, FL			
Zip 33180 Country USA		Zip 33180 Country USA			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent JUNOT, APOLLON 9707 HAMMOCKS BLVD STE 207 MIAMI, FL 33196			7. Name and Address of New Registered Agent Name JUNOT APOLLON Street Address (P.O. Box Number is Not Acceptable) 3530 MAGELLANE CIRCLE UNIT 616 City ADVENTURA FL Zip Code 33180		
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 <u><i>Juno Apollon</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR APOLLON, JUNOT 9707 HAMMOCKS BLVD STE 207 MIAMI, FL 33196 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR APOLLON, JUNOT 3530 MAGELLANE CIRCLE UNIT 616 ADVENTURA, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Juno Apollon</i></u> <u>Juno Apollon</u> 10/1/07 305-965-3035 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					