




FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90091 027 ****55.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000101231			
1. Entity Name ISLAS DEL CARIBE LLC			
Principal Place of Business 11100 SW 36 STREET MIAMI, FL 33165 US		Mailing Address 11100 SW 36 STREET MIAMI, FL 33165 US	
2. Principal Place of Business 12661 S. Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address 1535 SW 78th Ct Suite, Apt. #, etc.	
City & State Pinecrest, FL		City & State MIAMI, FL	
Zip 33156		Zip 33144	
Country MIAMI-DADE		Country MIAMI-DADE	
6. Name and Address of Current Registered Agent RAMON, MIGUEL SR 11100 SW 36 STREET MIAMI, FL 33165		7. Name and Address of New Registered Agent Name: RAMON, MIGUEL, SR Street Address (P.O. Box Number is Not Acceptable): 1535 SW 78th COURT City: MIAMI FL Zip Code: 33144	
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:  MIGUEL RAMON		DATE: 7/12/06	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMON, MIGUEL SR 11100 SW 36 STREET MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMON, Miguel, SR 1535 SW 78 COURT MIAMI FL 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMON, MIGUEL JR 11100 SW 36 STREET MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMON, MIGUEL, JR 1535 SW 78 COURT MIAMI FL 33144 <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
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
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:  MIGUEL RAMON		DATE: 7/12/06 305-220-3203	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

20048774



07112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3923361 Applied For Not Applicable

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