

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000076876

FILED
Mar 15, 2011
Secretary of State

Entity Name: CARIBBEAN FORWARDING LLC

Current Principal Place of Business:

20861 JOHNSON STREET
SUITE # 108
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

20861 JOHNSON STREET
SUITE # 108
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 27-3110455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERTORELLI, RAFAEL
20861 JOHNSON STREET
SUITE # 108
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GONZALEZ, ALEJANDRO
Address: 20861 JOHNSON STREET SUITE # 108
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM
Name: HERRERA, ANDRES
Address: 20861 JOHNSON STREET SUITE # 108
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM
Name: PLANAS, VERONICA
Address: 20861 JOHNSON STREET SUITE # 108
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM
Name: CHACON, YADILA
Address: 20861 JOHNSON STREET SUITE # 108
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM
Name: CASTRILLO, LUISA
Address: 20861 JOHNSON STREET SUITE # 108
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM
Name: BERTORELLI, RAFAEL
Address: 20861 JOHNSON STREET SUITE # 108
City-St-Zip: PEMBROKE PINES, FL 33029 US

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: RAFAEL BERTORELLI

MGRM

03/15/2011

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