2004 FOR PROFIT CORPORATION ANNUAL REPORT

Sandra Revera

FILED Jan 29, 2004 8:00 am Secretary of State

ANNUAL REPURT						Secreta	ary c	\mathbf{n}	iaie	
DOCUMENT # L76114 1. Entity Name GLOBAL CARIBBEAN, INC.						01-29-2004 90034 025 ***1 50.00				
Original Disc	a of Business	Mailing Address	A str. strike	Company of the Company	1 '		313714	aaren	90	
Principal Place of Business Mailing Address			(D		1	_	341	1060	4 p	
12000 BISCAYNE BLVD.		12000 BISCAYNE BLVD				***			. 44 .	
106 N. Miami, Fl. 33181 US		106 N. Miami, Fl. 33181 US					• •		**	
N. MIRIMI, FL	33101 03	US			INDER BUIDT HERBI ECETI 6401	DIEU DICH BINI	J(6)1 6)2 D(E			
2. Principal P	3. Mailing Address			†						
3910 PEMBROKE RD		3910 PEMBROKE RD			188)S 83(8)	BIBN CIBN 6150	TIBIL DIDE USA	HINGE WILES		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	Ot - D	050500	. (40100)			
				01242004	Chg-P	CR2E034	1 (10/03)			
Çity & State		City & State			4. FEI Numbe	er		Ar	oplied For	
HOLLYWOOD, FC		HOLLYWOOD, FL Zip Country		<u>_</u>	65-019	0972		No	ot Applicable	
Zip Country						\$	8.75 Add	ditional		
33021 USA		33021	USA		5. Certificate	of Status Desired		e Require		
	6. Name and Address of Current	Registered Agent			- 7. Name and	Address of New R	egistered Ag	ent	2	
Name										
RIVERA, JOSE LUIS										
2035 NE 120TH RD					Street Address (P.O. Box Number is Not Acceptable)					
N MIAMI, F	FL 33181		***************************************							
				City			FL	Zip Cod	e	
								<u></u>		
	named entity submits this statement for ions of registered agent	r the purpose of changing its	registere	ed office or registe	red agent, or bo	th, in the State of Flo	rida. I am fai	niliar with,	and accept	
the obligat	ions of registered agent					2			50 g	
SIGNATURE_		· · · · · · · · · · · · · · · · · · ·							7	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signature required	d when reinstating)	. Ela	DATE			
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0		ribution.	· D Add	.00 May Be led to Fees				د د مار را مسد	
10.	OFFICERS AND DIRECTORS			· · · · · ·	· ··· · ADDITIONS/	CHANGES TO OFFI	CERS AND D	JIRECTOR:	S IN 11	
TITLE	D - Delete			<u> </u>			[Change	☐ Addition	
NAME	RIVERA, SANDRA									
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	N MIAMI, FL		CITY	-ST-ZIP					Į.	
TITLE	D	☐ Delete	TITLE				[☐ Change	☐ Addition	
NAME	RIVERA, JOSE LUIS		NAM	E						
STREET ADDRESS	2035 NE 120TH RD STR			ET ADDRESS						
CITY-ST-ZIP	N MIAMI, FL		CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAM			. 				
STREET ADDRESS			STRE	ET ADDRESS		-				
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE	"	☐ Delete	TITLE				ſ	Change	☐ Addition	
NAME		6.3 5010ta	NAMI				•			
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME		□ Delete	NAMI					Unange	Addition	
STREET ADDRESS			1	ET ADDRESS						
CITY-ST-ZIP		.		-ST-ZIP					1	
TITLE		Delete	TITLE					Change	Addition	
NAME	to the company of the grant of the grant	- Distric			i		•			
STREET ADDRESS			•	ET ADDRESS	60					
CITY-ST-ZIP			1	-ST-ZIP						
	portify that the information appelled with	this filing door not available		Statement RC 1	antion (110.07/0)	i) Florido Ctatuta - 1	fuetbor for the	that the '	olomotic:	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director										
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if										
changed, or on an attachment with an address, with all other like empowered.										