2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2004 08:00 AM Secretary of State

DOCU	MENT # I	L77747
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1. Entity Name CARAIBO CORPORATION



Principal Place of Business

% STEWART A. MERKIN 444 BRICKELL AVE., SUITE 300 MIAMI. FL 33131 Mailing Address

% STEWART A. MERKIN 444 BRICKELL AVE., SUITE 300 MIAMI, FL 33131

MIAMI, FL 33	\$131	WIAWI, FL 33131					
DO NOT WRITE IN THIS SPACE				02062004	No Chg-P	CR2E034 (10/03)	
			4. FEI Numbe 65-026	<u> </u>	Applied For Not Applicable		
				of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							
MERKIN, STEWART A. 444 BRICKELL AVE. SUITE 300 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE					
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, Registere	d Agent signature re	equired when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.		icing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MERKIN, STEWART A. 444 BRICKELL AVE, #300 MIAMI, FL				ተ ቁ «ኮርኮሮር	ነርኒ ላ ላ ግፓ "ን	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ULD000044357 92/11/04-80018-025 150.00			
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TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN T	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ı				-	the second secon	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04

305 357 5556

Daytime Phone #