
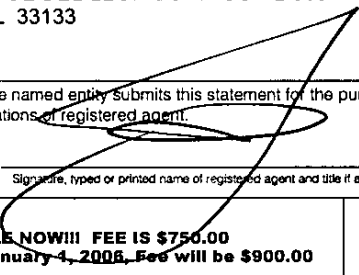


2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

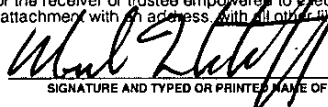
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97386					
1. Entity Name CARIBBEAN AMERICAN INVESTMENT CORP.					
Principal Place of Business % JACK D. FINKELMAN 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146			Mailing Address % JACK D. FINKELMAN 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0215028	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
PINCHASIK, STRONGIN M STEIN & 3225 AVAIAION AVE #500 2701 PONCE DEL LEON BLVD SUITE 300 MIAMI, FL 33133		Name Atrium Registered Agents, Inc.			
		Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Ave. Ste. 125			
		City Coral Gables		FL Zip Code 33146	
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 		Jack Finkelman, VP		11/01/05	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$750.00 After January 4, 2006, Fee will be \$900.00					

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUBETZKOY, NICK PETER		NAME		
STREET ADDRESS	1500 SAN REMO AVE #225		STREET ADDRESS	900061452069	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	11/15/05--01079--012 **750.00	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 officers empowered.

SIGNATURE:  **NICK TROUBETZKOY** Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Baker NOV - 2 2005