

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

08-14-2006 90040 039 ***550.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

40101362



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	
Zip	Country	Zip	Country
03302006		Chg-P CR2E034 (11/05)	
4. FEI Number 65-0215028		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE. STE. 125 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature is required when re-designating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TROUBETZKOY, NICK PETER 1500 SAN REMO AVE #225 CORAL GABLES, FL <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
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
12. I hereby certify that the information supplied with this filing does not qualify for 12a exemptions contained in Chapter 119, 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 submit 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 the information.			
SIGNATURE: _____		DATE _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

40101362
#497386

LAW OFFICES
PACKMAN, NEUWAHL & ROSENBERG

SUITE 125
1500 SAN REMO AVENUE
CORAL GABLES, FLORIDA 33146

TELEPHONE (305) 665-3311
TELEFAX (305) 665-1244
WWW.PNRLAW.COM
Sender's e-mail: oye@pnrlaw.com

BRUCE BARTON PACKMAN (1943-2001)
MALCOLM H. NEUWAHL
MICHAEL ROSENBERG
DENNIS GINSBURG
ROBERT A. STAMEN
LESLIE A. SHARE
JACK D. FINKELMAN
JOSE L. NUÑEZ
MARK R. STARKMAN
SHAWN P. WOLF
RALPH A. NARDI
ROBERT A. STERLING
TODD N. ROSENBERG
ANDREA L. MIRABITO
OSCAR I. ALFONSO
STEVEN M. ROSENTHAL

August 9, 2006

CERTIFIED MAIL NO. 7006 0810 0000 7842 6520
RETURN RECEIPT REQUESTED

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Caribbean American Investment Corp. (the "Corporation")
2006 Uniform Business Report
FEI #65-0215028
Our File No. 8068A(a) _____

Dear Sir/Madame:

Enclosed herewith please find the 2006 Annual Business Report and check in the amount of \$550 made payable to the Florida Department of State to cover the annual fees plus late fees for the above-referenced Corporation.

Please acknowledge receipt of the Form, check and letter by signing the acknowledgment copy of this letter and returning it to me in the envelope provided.

Very truly yours,

PACKMAN, NEUWAHL & ROSENBERG


OSELIA Y. ESPINAL
Legal Assistant

Enclosures

x:\wpdata\espinal\1-corp- files\8068 - caribbean american investment corp. (jdf)\sec. of state ltr re 06-ubr.doc

RECEIPT is hereby acknowledged of this letter, check for \$550.00 and 2006 Annual report this _____ day of August, 2006.

DIVISION OF CORPORATIONS

BY: _____