

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M16356

1. Entity Name
GREAT CARIBBEAN CORP.



Principal Place of Business

**2300 CORAL WAY
SUITE 200
MIAMI, FL 33145**

Mailing Address

**2300 CORAL WAY
SUITE 200
MIAMI, FL 33145**



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2578146

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145**

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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 *Amada Cantera Lopez* **AMADA CANTERA LOPEZ, PRESIDENT** **4/27/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resetting) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

U000000351235
05/02/05-80137-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOPEZ-AGUIAR, CARLOS C
STREET ADDRESS 2300 CORAL WAY, SUITE 200
CITY-ST-ZIP MIAMI, FL 33145

TITLE SD
NAME LOPEZ-AGUIAR, CARLOS C
STREET ADDRESS 2300 CORAL WAY, SUITE 200
CITY-ST-ZIP MIAMI, FL 33145

TITLE TD
NAME CANTERA LOPEZ, AMADA
STREET ADDRESS 2300 CORAL WAY, SUITE 200
CITY-ST-ZIP MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Amada Cantera Lopez* **4/27/05** **305-856-0056**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AMADA CANTERA LOPEZ, TREASURER