


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M46126	
1. Entity Name CARIBE HOMES CORP.	

Principal Place of Business 11755 SW 90 STREET SUITE 210 MIAMI, FL 33186 US	Mailing Address 11755 SW 90 STREET SUITE 210 MIAMI, FL 33186 US
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04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2771491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, CARLOS
11755 SW 90 STREET
SUITE 210
MIAMI, FL 33186**

**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 _____ (NOTE: Registered Agent signature required when retaking) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000137056 04/29/04-80024-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTINEZ, CARLOS E. 11755 SW 90TH STREET STE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, MARIANA 11755 SW 90TH STREET STE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, EMILIO F. 11755 SW 90TH STRET STE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARTINEZ, RAUL A. 11755 SW 90TH STREET STE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARTINEZ, FERNANDO I 11755 SW 90TH STREET STE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, EMILIO J 11755 SW 90TH STREET STE 210 MIAMI, FL 33186

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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: _____ **4/21/04** **(305) 273-1303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #