

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N04166

1. Entity Name

IESCARIBE INC.



Principal Place of Business

% SALAZAR-CARRILLO, JORGE
1105 ALMERIA
CORAL GABLES FL 33134

Mailing Address

% SALAZAR-CARRILLO, JORGE
1105 ALMERIA
CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2438002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALAZAR-CARRILLO, JORGE
1105 ALMERIA
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entry 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: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS VILLASUSO, JUAN MANUEL
CITY-ST-ZIP INSTITUTE DE INV.#6193
SAN JOSE, COSTA R.

TITLE ☐ Delete
NAME D
STREET ADDRESS GOLLAS, MANUEL (V. SEC)
CITY-ST-ZIP CAMINO AL AJUSCO NO.20
MEXICO, D.F.

TITLE ☐ Delete
NAME DCP
STREET ADDRESS SALAZAR-CARRILLO, JORGE
CITY-ST-ZIP 1105 ALMERIA
CORAL GABLES FL

TITLE ☐ Delete
NAME DST
STREET ADDRESS SALAZAR, MARY G WINTHRO
CITY-ST-ZIP 1105 ALMERIA
CORAL GABLES FL

TITLE ☐ Delete
NAME D
STREET ADDRESS JORGE, ANTONIO
CITY-ST-ZIP 724 S.W. 26 ROAD
MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 execute this report as required by Chapter 617, 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:

Jorge Salazar-Carrillo JORGE SALAZAR-CARRILLO 4/29/08 305-443-0453