

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000849

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: UNICARIBE INC.

## Current Principal Place of Business:

780 FISHERMAN STREET  
SUITE 210  
OPA-LOCKA, FL 33054

## Current Mailing Address:

1901 BRICKELL AVE  
B-903  
MIAMI, FL 33129

## New Principal Place of Business:

780 FISHERMAN STREET  
210  
OPA-LOCKA, FL 33054

## New Mailing Address:

780 FISHERMAN STREET  
210  
OPA-LOCKA, FL 33054

FEI Number: 26-2070163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NS CORPORATE SERVICES INC.  
1110 BRICKELL AVENUE  
SUITE 310  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: AYBAR, JOSE ALEJANDRO  
Address: 1901 BRICKELL AVE B-903  
City-St-Zip: MIAMI, FL 33129

Title: VP ( ) Delete  
Name: AYBAR SANCHEZ, JOSE ANDRES  
Address: P.O. BOX 144293  
City-St-Zip: CORAL GABLES, FL 33114

Title: SEC ( ) Delete  
Name: RODRIGUEZ, ELIZABETH  
Address: 1901 BRICKELL AVE B-903  
City-St-Zip: MIAMI, FL 33129

Title: DIR ( ) Delete  
Name: DIAZ, ALEJANDRO J  
Address: 5528 NW 113 AVE  
City-St-Zip: MIAMI, FL 33178

Title: DIR ( ) Delete  
Name: LUGO, MIRTZA  
Address: 4784 SW 166 CT.  
City-St-Zip: MIAMI, FL 33185

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE A. AYBAR

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date