

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90036 008 ****70.00

DOCUMENT # N07000006666 1. Entity Name TERRASOL CARIBBEAN, INC.					
Principal Place of Business 5790 SW 16 STREET MIAMI, FL 33155			Mailing Address 5790 SW 16 STREET MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box # 7815 SW 88 ST. #E228		3. Mailing Address 7815 SW 88 ST. #E228			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-1311698	
Zip 33156		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33156		Country USA		6. Name and Address of Current Registered Agent DIAZ-LOPEZ, ROBINSON E 5790 SW 16 STREET MIAMI, FL 33155	
City MIAMI		State FL		Zip Code 33156	
7. Name and Address of New Registered Agent Name ROBINSON E DIAZ-LOPEZ Street Address (P.O. Box Number is Not Acceptable) 7815 SW 88 ST. #E228 City MIAMI					
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 1/3/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T DIAZ-LOPEZ, ROBINSON E 5790 SW 16 STREET MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T DIAZ-LOPEZ, ROBINSON E. 7815 SW 88 ST. #E228 MIAMI, FL 33156 <input checked="" 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		
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12. I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBINSON E DIAZ-LOPEZ, PRES. 1/3/08 809-7576990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					