

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000010289			
1. Entity Name CARIBBEAN PROPERTIES GROUP, INC.			
Principal Place of Business 15748 SW 98 ST MIAMI, FL 33196 US		Mailing Address 8344 NW 30TH TERRACE MIAMI, FL 33122 US	
DO NOT WRITE IN THIS SPACE			
		04302004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0978118	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERRIDO, GUARIONEX 15748 SW 98 STREET MIAMI, FL 33196		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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERRIDO, GUARIONEX 15748 SW 98 STREET MIAMI, FL 33196	U000000150902 05/04/04-80023-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERRIDO, ARACELIS 15748 SW 98 STREET MIAMI, FL 33196		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: 		04-29/2004 305-418-2377	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	