

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000021132

1. Entity Name
THE CARIBE COMPANIES CORP.

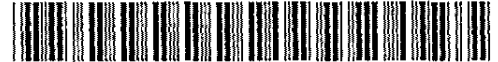


Principal Place of Business

11755 SW 90 ST.
210
MIAMI, FL 33186 US

Mailing Address

11755 SW 90 ST.
210
MIAMI, FL 33186 US



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0994126

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNAIZ, MIREN
11755 SW 90 ST
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARTINEZ, EMILIO J
STREET ADDRESS 11755 SW 90TH STREET SUITE 210
CITY-ST-ZIP MIAMI, FL 33186

TITLE VP
NAME MARTINEZ, RAUL A
STREET ADDRESS 11755 SW 90TH STREET 210
CITY-ST-ZIP MIAMI, FL 33186

TITLE VP
NAME MARTINEZ, MARIANA
STREET ADDRESS 11755 SW 90TH STREET 210
CITY-ST-ZIP MIAMI, FL 33186

TITLE VP
NAME MARTINEZ, FERNANDO I
STREET ADDRESS 11755 SW 90TH STREET 210
CITY-ST-ZIP MIAMI, FL 33186

TITLE S
NAME MARTINEZ, CARLOS E
STREET ADDRESS 11755 SW 90TH STREET 210
CITY-ST-ZIP MIAMI, FL 33186

TITLE R
NAME ARNAIZ, MIREN
STREET ADDRESS 11755 SW 90TH STREET 210
CITY-ST-ZIP MIAMI, FL 33186

U00000609041
02/01/07-80034-011 150.00

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/07

Date

305 984 9671

Daytime Phone #