

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 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**

DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

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**

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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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000825531
02/21/08-80013-008 150.00

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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

1/23/08 (305) 273-1303
Date Daytime Phone #