

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021132

FILED  
Jan 19, 2012  
Secretary of State

Entity Name: THE CARIBE COMPANIES CORP.

**Current Principal Place of Business:**

1500 SAN REMO AVENUE  
290  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

1500 SAN REMO AVENUE  
290  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

FEI Number: 65-0994126      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARNAIZ, MIREN  
1500 SAN REMO AVENUE  
290  
CORAL GABLES, FL 33146 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: P  
Name: MARTINEZ, CARLOS E  
Address: 1500 SAN REMO AVENUE, SUITE 290  
City-St-Zip: CORAL GALBES, FL 33146

Title: VP  
Name: MARTINEZ, FERNANDO I  
Address: 1500 SAN REMO AVENUE, SUITE 290  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP,D  
Name: MARTINEZ, RAUL A  
Address: 1500 SAN REMO AVENUE, SUITE 290  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP,D  
Name: MARTINEZ, EMILIO J  
Address: 1500 SAN REMO AVENUE, SUITE 290  
City-St-Zip: CORAL GABLES, FL 33146

Title: S  
Name: ARNAIZ, MIREN  
Address: 1500 SAN REMO AVENUE, SUITE 290  
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MIREN ARNAIZ

S

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date