

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90033 013 \*\*\*150.00

**DOCUMENT # P01000019408**

1. Entity Name

CARIBE PICK UP & DELIVERS, CORP.



Principal Place of Business

17125 S W 38 ST  
MIRAMAR, FL 33027

Mailing Address

17125 S W 38 ST  
MIRAMAR, FL 33027

2. Principal Place of Business

5160 SW 89 ave

Suite, Apt. #, etc.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

City & State

Cooper City

Zip

33328

Country

USA

City & State

Zip

Country

03012005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3704706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

GARCIA, GIOVANNY  
17125 S W 38 ST  
MIRAMAR, FL 33027

*Giovanny Garcia*

7. Name and Address of New Registered Agent

Name

Giovanny Garcia

Street Address (P.O. Box Number is Not Acceptable)

5160 SW 89 ave

City

Cooper City

FL

Zip Code

33328

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GARCIA, GIOVANNY  
STREET ADDRESS 17125 S W 38ST  
CITY-ST-ZIP MIRAMAR, FL 33027

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME Giovanny Garcia  
STREET ADDRESS 5160 SW 89 ave  
CITY-ST-ZIP Cooper City FL 33328.

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Giovanny Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #