

2004 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P01000067608

1. Entity Name
CARIACO TECHNOLOGIES, INC.



FILED

04 NOV -5 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2004 REINSTATEMENT FEE (6/04)

4. FEI Number
65-1121844

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUEZ, ROSA
1019 NW 106TH AVENUE CIRCLE
MIAMI, FL 33172

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

10/2/04

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MARQUEZ, ROSA	
STREET ADDRESS	1019 NW 106TH AVENUE CIRCLE	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	MARQUEZ, RAFAEL	
STREET ADDRESS	1019 NW 106TH AVENUE CIRCLE	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	900042521119
CITY-ST-ZIP	11/05/04--01040--005 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Rafael Marquez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/04 305-470-7504
Date Daytime Phone #

20f2

CARIACO TECHNOLOGIES, INC.
1019 NW 106TH AVENUE CIRCLE
MIAMI, FL 33172

November 1, 2004

Florida Department of State
Division of Corporations
Tallahassee, Fl 32399

Ref: Cariaco Technologies Inc.,
Doc.# P01000067608

To Whom It May Concern:

We are writing this letter because our Uniform Business Report was never received during 2004. We have enclosed a copy of the 2004 report with a check in the amount of \$150.00 due for the 2004 fee. We ask that you please waive the penalty because the report nor a notice was ever received regarding our Corporation. We apologize for any inconvenience this may cause you. Your prompt attention will be greatly appreciated.

Thank you,


Arena Prado
Accountant