
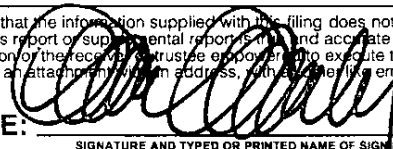


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90416 022 \*\*\*158.75

<b>DOCUMENT # P01000072294</b> 1. Entity Name <b>GREAT CARIBBEAN FAMILY CORP.</b>					
Principal Place of Business <b>150 ALHAMBRA CIRCLE SUITE 925 CORAL GABLES, FL 33145</b>			Mailing Address <b>150 ALHAMBRA CIRCLE SUITE 925 CORAL GABLES, FL 33145</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ-CANTERA, CARLOS C 150 ALHAMBRA CIRCLE #925 CORAL GABLES, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSCETTI, ANDREA 150 ALHAMBRA CIRCLE #925 CORAL GABLES, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, JAMES R 150 ALHAMBRA CIRCLE #925 CORAL GABLES, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SERRALTA, GADAYCES S 150 ALHAMBRA CIRCLE #925 CORAL GABLES, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ-CANTERA, CARLOS M 150 ALHAMBRA CIRCLE #925 CORAL GABLES, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, trustee or person 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 to this address, with authority to be empowered.					
<b>SIGNATURE:</b>  <b>Carlos Lopez-Cantera</b> 4/16/07 (805) 461-0563					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40089405



01242007 Chg-P CR2E034 (12/06)

4. FEI Number  
**51-0458868**

Applied For  
Not Applicable

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

FL

Zip Code