

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089639

FILED  
Mar 03, 2008  
Secretary of State

Entity Name: CARIBE DEVELOPMENT OF NAPLES, INC.

## Current Principal Place of Business:

12275 COLLIER BLVD STE 14  
NAPLES, FL 34116

## New Principal Place of Business:

## Current Mailing Address:

12275 COLLIER BLVD STE 14  
NAPLES, FL 34116

## New Mailing Address:

FEI Number: 59-3745462      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARCE, EFRAIN  
12275 COLLIER BLVD STE 14  
NAPLES, FL 34116      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: ARCE, EFRAIN  
Address: 3621 13TH AVE SW  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: MAGGIO, FRANK J  
Address: 250 2ND STREET  
City-St-Zip: BONITA SPRINGS, FL 33923

Title: DVP (X) Delete  
Name: ARCE, ISAIAS  
Address: 3338 POINCIANNA ST  
City-St-Zip: NAPLES, FL 34105

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ARCE, EFRAIN  
Address: 3621 13TH AVE SW  
City-St-Zip: NAPLES, FL 34116

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EFRAIN ARCE

P

03/03/2008

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

\_\_\_\_\_  
Date