



2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/2/2005-90489-046-\$150.00-\$150.00

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DOCUMENT # P01000090856				 <p>05 DEC 19 PM 2:54</p> <p>SEC. OF STATE TALLAHASSEE, FLORIDA</p> <p>05</p>  <p>02212005 Chg-P CR2E034 (10/03)</p>	
1. Entity Name CORPOCARIBE, INC.					
Principal Place of Business 220 KINGS POINT DR SUITE 501 SUNNY ISLES BEACH, FL 33160		Mailing Address 220 KINGS POINT DR SUITE 501 SUNNY ISLES BEACH, FL 33160			
2. Principal Place of Business 12500 N.E. 15 AVE		3. Mailing Address 12500 N.E. 15 AVE.			
Suite, Apt. #, etc. # 304		Suite, Apt. #, etc. # 304			
City & State N. MIAMI, FLORIDA		City & State N. MIAMI, FLORIDA		4. FEI Number 65-1158760	
Zip 33161	Country MIAMI DADE	Zip 33161	Country MIAMI DADE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONTRERAS, MARCO A 1470 NE 125TH TERR MIAMI, FL 33161				7. Name and Address of New Registered Agent Name: CONTRERAS, MARCO A. Street Address (P.O. Box Number is Not Acceptable): 12500 N.E. 15 AVE # 304 City: NORTH MIAMI FL Zip Code: 33161	
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: <i>[Signature]</i> DATE: April 25/2005 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTRERAS, MARCO A 2016 BAY DRIVE, SUITE 208 MIAMI BEACH, FL 3314	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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 persons employed.					
SIGNATURE: <i>[Signature]</i> <input checked="" type="checkbox"/> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

December 15, 2005

CORPOCARIBE, INC.
12500 NE 15 AVE
SUITE 304
NORTH MIAMI, FL 33161

Subject: **CORPOCARIBE, INC.**
Reference Number: P01000090856

To Whom It May Concern,

I recently received a letter from the Florida Department Of State, concerning my annual /uniform business report for 2005. It stated that my check for \$150.00 had been received, yet that a necessary second signature of mine had not been enclosed. This letter was mailed in May of 2005, yet I, for personal reasons had left the country simply a few days after I sent the initial letter and payment. I just arrived in Florida, only to find this letter as well as a notice of dissolution of my company. I paid my check exactly in the time frame that is specified by the state of Florida. I accept the fact that I did not include a second signature, it was my fault, and that you received and checked the money I sent. Nonetheless, you had accepted my check in the period necessary to pay and I now kindly ask you to reconsider my case and reinstate my company, seeing that I have paid everything correctly, according to the law, and that I am here in Florida. I spoke to someone at the Division of Corporations, and they told me of the fees necessary to get Corpocaribe back, but I cannot pay \$400 or \$750 to do so, seeing that my money was cashed in several months ago, when my report was sent in.

Sincerely,



Marco Antonio Contreras