

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10074410

DOCUMENT # P01000090856 1. Entity Name CORPOCARIBE, INC.					
Principal Place of Business 2016 BAY DRIVE, SUITE 208 MIAMI BEACH, FL 3314		Mailing Address 2016 BAY DRIVE, SUITE 208 MIAMI BEACH, FL 3314			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1158760	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONTRERAS, MARCO A 2016 BAY DRIVE, SUITE 208 MIAMI BEACH, FL 3314			7. Name and Address of New Registered Agent Name CONTRERAS, MARCO A Street Address (P.O. Box Number is Not Acceptable) 1470 N.E. 125TH TERR. City NO. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to: Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 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 affidavit with another line empowered.					
SIGNATURE:		04/14/03			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

CFR2E034 (10/02)