


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90014 004 \*\*\*150.00

<b>DOCUMENT # P01000117232</b>	
1. Entity Name <b>CARIBBEAN PROCUREMENT SOLUTIONS INC.</b>	

Principal Place of Business <b>10865 SW 112TH AVE. UNIT 309 MIAMI, FL 33176</b>	Mailing Address <b>10865 SW 112TH AVE. UNIT 309 MIAMI, FL 33176</b>
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**54032597**

2. Principal Place of Business <b>10916 SW 75 Terrace</b>	3. Mailing Address <b>Same as #2</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami, FL 33173</b>	City & State
Zip <b>33173</b>	Country <b>USA</b>



03212004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>GONZALEZ, CALIXTO 10300 SW 112TH AVE SUITE 158 MIAMI, FL 33176</b>	
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4. FEI Number <b>65-1158933</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent Name <b>Mary E. Esler</b> Street Address (P.O. Box Number is Not Acceptable) <b>10916 SW 75 Terrace</b> City <b>Miami</b> FL Zip Code <b>33173</b>	
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 <b>Mary E. Esler</b> DATE <b>4/3/04</b>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, GLORIA 10865 SW 112TH AVE. UNIT 309 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'CONNOR, ANTHONY 10865 SW 112TH AVE. UNIT 309 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESLER, MARY E 10865 SW 112TH AVE. UNIT 309 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 address, with all other like empowered.	
SIGNATURE: <b>Gloria Andrews</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>4/3/04</b> DAYTIME PHONE # <b>305/273 7970</b>