

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90032 035 ***150.00

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1. Entity Name
CARIBBEAN PROCUREMENT SOLUTIONS INC.



Principal Place of Business
**10916 SW 75 TERRACE
MIAMI, FL 33173**

Mailing Address
**10916 SW 75 TERRACE
MIAMI, FL 33173**

40046340



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1158933

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ESLER, MARY E
10916 SW 75 TERRACE
MIAMI, FL 33173**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ANDREWS, GLORIA
10865 SW 112TH AVE. UNIT 309 6709 SW 25 St
MIAMI, FL 33176 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ESLER, MARY E
10865 SW 112TH AVE. UNIT 309 10916 SW 75 Terr
MIAMI, FL 33176 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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: *Gloria Andrews*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-06 305-273-7970
Date Daytime Phone #