

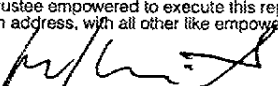


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000122296</b>						
1. Entity Name <b>CARIBE TRAVEL MARKETING, INC.</b>						
Principal Place of Business <b>18300 NE 8TH AVE. N. MIAMI BCH, FL 33179</b>	Mailing Address <b>18300 NE 8TH AVE. N. MIAMI BCH, FL 33179</b>	  04252004    No Chg-P    CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number <b>01-0576556</b></td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired    <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>01-0576556</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  <b>LEWIS, JUNA 18300 NE 8TH AVE. N. MIAMI BCH, FL 33179</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE _____</span>						
<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				
<b>10. OFFICERS AND DIRECTORS</b>		U000000139858 04/29/04-80138-017 150.00				
TITLE	DP	<b>DO NOT WRITE IN THIS SPACE</b>				
NAME	LEWIS, JUNA					
STREET ADDRESS	18300 NE 8TH AVE.					
CITY - ST - ZIP	N. MIAMI BCH, FL 33179					
TITLE	SD					
NAME	LEWIS, VIANA					
STREET ADDRESS	18300 NE 8TH AVE.					
CITY - ST - ZIP	N. MIAMI BCH, FL 33179					
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>				
NAME						
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CITY - ST - ZIP						
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>JUNA LEWIS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>4/24/04</b> Daytime Phone #: <b>305 654-7569</b>				