

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005430

Entity Name: AMERICARIBE, INC.

FILED
Apr 17, 2012
Secretary of State

Current Principal Place of Business:

1 BISCAYNE TOWER
2. S. BISCAYNE BLVD., SUITE 2000
MIAMI, FL 33131

New Principal Place of Business:

1 BISCAYNE TOWER
2. S. BISCAYNE BLVD., SUITE 2000
MIAMI, FL 33131 UN

Current Mailing Address:

1 BISCAYNE TOWER
2. S. BISCAYNE BLVD., SUITE 2000
MIAMI, FL 33131

New Mailing Address:

FEI Number: 03-0412094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOURGOIGNIE, P. TRISTAN
1200 ANASTASIA AVE
SUITE 410
CORAL GABLES, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,D
Name: BAUDIN DE LA VALETTE, JEAN BAPTISTE
Address: 2 S. BISCAYNE BLVD, SUITE 2000
City-St-Zip: MIAMI, FL 33131

Title: VPTD
Name: KOLOSKI, DAMIEN
Address: 2 S BISCAYNE BLVD., STE 2000
City-St-Zip: MIAMI, FL 33131

Title: VPD
Name: BILAINE, CHRISTOPHE
Address: 2, S. BISCAYNE BLVD. SUITE 2000
City-St-Zip: MIAMI, FL 33131

Title: S
Name: BOURGOIGNIE, P. TRISTAN
Address: 1200 ANASTASIA AVE, #410
City-St-Zip: CORAL GABLES, FL 33131

Title: D
Name: MONTFORT, OLIVIER
Address: 2, S. BISCAYNE BLVD, #2000
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: P. TRISTAN BOURGOIGNIE

S

04/17/2012

Electronic Signature of Signing Officer or Director

Date