

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000026980**

1. Entity Name  
**CARIBBEAN STAR CARRIER, INC.**



Principal Place of Business  
**8233 S.W. 107TH AVE.  
U-D  
MIAMI, FL 33173**

Mailing Address  
**8233 S.W. 107TH AVE.  
U-D  
MIAMI, FL 33173**

**DO NOT WRITE IN THIS SPACE**



05042004 No Chg-P CR2E034 (10/03)

4. FEI Number **06-0639615** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NARANJO, GONZALO  
38 E 64TH ST.  
HIALEAH, FL 33013**

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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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>NARANJO, GONZALO</b>
STREET ADDRESS	<b>38 E. 64TH ST.</b>
CITY - ST - ZIP	<b>HIALEAH, FL 33013</b>
TITLE	<b>VT</b>
NAME	<b>CARMONA, CARMEN</b>
STREET ADDRESS	<b>4615 NIKKI CT.</b>
CITY - ST - ZIP	<b>ORLANDO, FL 32822</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/07/04-80009-011 150.00

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Carmen A. Carmona* 5/01/04 305-883-6144