

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90031 002 ***158.75

DOCUMENT # P02000026980

1. Entity Name
CARIBBEAN STAR CARRIER, INC.



Principal Place of Business
16531 NE 35TH AVE #2
NORTH MIAMI BEACH, FL 33160

Mailing Address
16531 NE 35TH AVE #2
NORTH MIAMI BEACH, FL 33160



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0639615

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARMONA, CARMEN
8233 SW 107TH AVENUE U-D 16531 N.E. 35th Ave #2
MIAMI, FL 33173 North Miami Bch, FL 33160

**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 Carmen L. Carmona
Signature, typed or printed name of registered agent and title if applicable.

Carmen L. Carmona
(NOTE: Registered Agent signature required when reinstating)

1/10/08
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME CARMONA, CARMEN L
STREET ADDRESS 8233 SW 107TH AVENUE U-D 16531 N.E. 35th Ave #2
CITY-ST-ZIP MIAMI, FL 33173 North Miami Bch, FL 33160

TITLE
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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: Carmen L. Carmona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08 305-883-144
Date Daytime Phone #