2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000046105

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

CARIBBEAN HOME Investments, Inc

DO NOT WRITE IN THIS SPACE

700024211997
10/28/03--01062--014 **150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10211 Pines BLvd #143	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines	City & State
Zip: 33026 Country	Zip Country

4. FEI Number: 20-0080335 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Manuel E Bolaños

Street Address (P.O. Box Number is Not Acceptable)

10211 Pines BLvd #143

City: Pembroke Pines FL Zip Code: 33026

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: _____ DATE
(Signature of new registered agent and title if applicable) (NOTE: Registered Agent signature required when mandating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	Pd	TITLE	
NAME	Manuel E. BOLAÑOS	NAME	
STREET ADDRESS	10211 Pines BLVd #143	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33026	CITY-ST-ZIP	
TITLE	Vicep.	TITLE	
NAME	HAROLD H BAENA	NAME	
STREET ADDRESS	10211 Pines BLVd #143	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33026	CITY-ST-ZIP	
TITLE	Sec.	TITLE	
NAME	RAFAEL GIMENO	NAME	
STREET ADDRESS	10211 Pines BLVd #143	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33026	CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 #

CR2E034B (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 150.00 for the annual report fee with my application.

Please be advise that we moved since August 2002 we moved to 10211 Pines Blvd #143 Pembroke Pines, FL 33026 and we did not receive the U.B.R. for the year 2003 or any other notice from the Division of Corporations in respect with the Corporation **CARIBBEAN HOME INVESTMENTS, INC.**

Thank you for your courtesy in this matter.

MANUEL E. BOLAÑOS
PRESIDENT