


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90337 020 \*\*\*150.00

<b>DOCUMENT # P02000073185</b> 1. Entity Name <b>CARIMEX ACQUISITION CORP.</b>																													
Principal Place of Business <b>2665 SOUTH BAYSHORE DRIVE</b> <b>SUITE 200</b> <b>MIAMI, FL 33133</b>			Mailing Address <b>2665 SOUTH BAYSHORE DRIVE</b> <b>SUITE 200</b> <b>MIAMI, FL 33133</b>																										
2. Principal Place of Business <b>2287 N.W. 102 PLACE</b>			3. Mailing Address <b>2287 N.W. 102 PLACE</b>																										
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																										
City & State <b>MIAMI, FLORIDA</b>			City & State <b>MIAMI, FLORIDA</b>																										
Zip <b>33172</b>		Country <b>U.S.A</b>		Zip <b>33172</b>																									
Country <b>U.S.A</b>		4. FEI Number <b>16-161-8876</b>																											
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>BREA, JOSE RAMON</b> <b>2665 SOUTH BAYSHORE DRIVE</b> <b>SUITE 200</b> <b>MIAMI, FL 33133</b>			7. Name and Address of New Registered Agent Name <b>Pedro SALCEDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2287 N.W. 102ND PLACE</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33172</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 <b>[Signature]</b> DATE <b>4-26-04</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P MCNEE, MARIA ISABEL</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2665 S BAYSHORE DR, STE 200</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33133</td> </tr> </table>			TITLE	P MCNEE, MARIA ISABEL	<input type="checkbox"/> Delete	STREET ADDRESS	2665 S BAYSHORE DR, STE 200		CITY-ST-ZIP	MIAMI, FL 33133		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P MCNEE, MARIA ISABEL</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2287 NW 102nd PLACE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33172</td> </tr> </table>			TITLE	P MCNEE, MARIA ISABEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	2287 NW 102nd PLACE		CITY-ST-ZIP	MIAMI, FL 33172							
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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>[Signature]</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/27/04</b> (305) 418-2344 <small>Daytime Phone #</small>																										