

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 10, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P02000076818**

1. Entity Name  
**CARIBE TRUCKING EXPRESS, INC.**



Principal Place of Business  
**11401 SW 40 ST.  
#331  
MIAMI, FL 33165**

Mailing Address  
**1810 SW 103 AVE.  
MIAMI, FL 33165**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1615627**

Applied For

Not Applicable

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

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

**BRUGUERAS, CARLOS A  
1810 SW 103RD AVE  
MIAMI, FL 33165**

**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

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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BRUGUERAS, CARLOS A
STREET ADDRESS	1810 SW 103RD AVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D
NAME	PRIETO, CAMILO
STREET ADDRESS	14225 SW 90TH TERR
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000381380  
01/11/06-80051-024 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Camilo Prieto* *C. Prieto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06

Date

305-223-4213

Daytime Phone #