


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P02000076818 1. Entity Name CARIBE TRUCKING EXPRESS, INC.	
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Principal Place of Business 11401 SW 40 ST. #331 MIAMI, FL 33165	Mailing Address 1810 SW 103 AVE. MIAMI, FL 33165
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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1615627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BRUGUERAS, CARLOS A 1810 SW 103RD AVE MIAMI, FL 33165
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**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUGUERAS, CARLOS A 1810 SW 103RD AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIETO, CAMILO 14225 SW 90TH TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/16/07-80005-015 150.00

**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 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

1-10-07 **305-223-4213**
Date Daytime Phone #