

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000088941 1. Entity Name CARIBBEAN CONCH, INC.			
Principal Place of Business 750 WEST 20TH STREET HIALEAH, FL 33010		Mailing Address 750 WEST 20TH STREET HIALEAH, FL 33010	
DO NOT WRITE IN THIS SPACE			
		01172007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 13-4207939	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, JANITSE 750 WEST 20TH STREET HIALEAH, FL 33010		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000597523 01/24/07-80039-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARTINEZ, JANISTE 3626 SW 27TH STREET MIAMI, FL 33133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, CLARA 8915 NW 148TH STREET MIAMI LAKES, FL 33018		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			