

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P02000098425

1. Entity Name
COLCARIBEAN INVESTMENT CORPORATION



Principal Place of Business

4014 CHASE AVE
STE 202
MIAMI BEACH, FL 33140

Mailing Address

4014 CHASE AVE
STE 202
MIAMI BEACH, FL 33140



02282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0430953

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROJAS, LAURA
4014 CHASE AVE
STE 202
MIAMI BEACH, FL 33140

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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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROJAS, ALVARO
STREET ADDRESS 4014 CHASE AVE STE 202
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE V
NAME ROJAS, LAURA
STREET ADDRESS 4014 CHASE AVE STE 202
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE S
NAME SIERRA, ERNESTO
STREET ADDRESS 4014 CHASE AVE STE 202
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE T
NAME BENAVIDES, ALBA R
STREET ADDRESS 4014 CHASE AVE STE 202
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

ERNESTO SIERRA 2/29/08

Date

Daytime Phone #