



2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000108343						<div style="font-size: 24px; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 18px; margin-bottom: 5px;">07 APR -2 AM 9:26</div> <div style="font-size: 12px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
1. Entity Name CARIBBEAN MANAGEMENT INTERNATIONAL GROUP INC.				Principal Place of Business 1590 S STALE RD 7 FORT LAUDERDALE, FL 33317				Mailing Address 15841 PINES BLVD. SUITE 309 PEMBROKE PINES, FL 33027	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country		03292007 Chg-P CR2E034 (12/06)	
4. FEI Number 03-0486685				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TARAZONA, YECID 3960 SW 195 TER MIRAMAR, FL 33029				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
Amended AR is \$61.25				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TARAZONA, YECID 3960 SW 195 TERRACE MIRAMAR, FL 33029 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary manuel LAURIMMO 18931 SW 32 ct. MIRAMAR, FL 33029 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	800096444798 04/11/07--01020--006 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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					Date		Daytime Phone #		