

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90080 045 \*\*\*150.00

<b>DOCUMENT # P02000120016</b>					
<b>1. Entity Name</b> CARIBBEAN N.A. CONSULTING, INC.					
<b>Principal Place of Business</b> 2241-1 WEST 69 ST HIALEAH, FL 33016			<b>Mailing Address</b> 2241-1 WEST 69 ST HIALEAH, FL 33016		
<b>2. Principal Place of Business</b> <del>1501 NW 178 LANE</del>			<b>3. Mailing Address</b> <del>1501 NW 178 LANE</del>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> PENSACOLA PINES, FL		<b>City &amp; State</b> PENSACOLA PINES, FL		<b>4. FEI Number</b> 57-1138418	
<b>Zip</b> 33029		<b>Country</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01222005 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  AGUILAR, NOE 2241-1 WEST 69 ST HIALEAH, FL 33016			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 1501 NW 178 LANE City PENSACOLA PINES FL Zip Code 33029		
<b>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.</b>  SIGNATURE: <u>NOE AGUILAR</u> DATE: <u>01/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGUILAR, NOE 2241-1 WEST 69 ST HIALEAH, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1501 NW 178 LANE PENSACOLA PINES, FL 33029	<input checked="" 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
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
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>NOE AGUILAR</u>			Date: <u>01/26/05</u> Daytime Phone #: <u>786-395-3790</u>		

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