


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90014 032 \*\*\*150.00

<b>DOCUMENT # P03000026522</b>	
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1. Entity Name

CARIBBEAN INVESTMENT NETWORK INC.

Principal Place of Business

4110 SW 97 AVE.  
MIAMI FL 33167

Mailing Address

4110 SW 97 AVE.  
MIAMI FL 33167

2. Principal Place of Business

9600 NW 25 ST

Suite, Apt. #, etc.

Suite 2E

City & State

MIAMI - FL

Zip  
33172

Country

USA

3. Mailing Address

9600 NW 25 ST

Suite, Apt. #, etc.

Suite 2E

City & State

MIAMI - FL

Zip  
33172

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

04-3787452

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, MANNY  
4110 SW 97 AVE.  
MIAMI FL 33167

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, MANNY	
STREET ADDRESS	4110 SW 97 AVE.	
CITY-ST-ZIP	MIAMI FL 33167	

TITLE	D	<input type="checkbox"/> Delete
NAME	NORGAN, EMMA	
STREET ADDRESS	4110 SW 97 AVE.	
CITY-ST-ZIP	MIAMI FL 33167	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRATO, ERNESTO	
STREET ADDRESS	4110 SW 97 AVE.	
CITY-ST-ZIP	MIAMI FL 33167	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, MANNY	
STREET ADDRESS	11500 SW 2nd ST	
CITY-ST-ZIP	MIAMI - FL 33174	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORGAN, EMMA	
STREET ADDRESS	11500 SW 2nd ST	
CITY-ST-ZIP	MIAMI - FL 33174	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04

786-621-5350

Date

Daytime Phone #