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Secretary of State

04-27-2005 90365 001 ***150.00
04-27-2005 90365 002 *****8.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000084659

1. Entity Name
CARIBBEAN MARINE MANAGEMENT, INC.

Principal Place of Business
3750 N.W. 28 STREET
#309
MIAMI, FL 33142 US

Mailing Address
3750 N.W. 28 STREET
#309
MIAMI, FL 33142 US

02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0809546

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, ELISEO LUIS
1523 W 42 PL
HIALEAH, FL 33012

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	DIAZ, ELISEO L
STREET ADDRESS	1523 W 42 PL
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	V.P.
NAME	DE PABLOS VELEZ, RODOLFO A.
STREET ADDRESS	18340 MEDITERRANEAN BLVD. 2805
CITY-ST-ZIP	MIAMI LAKES, FL, 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 03/21/05 305 637 8514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 66013233

CARIBBEAN MARINE MANAGEMENT, INC.
8750 NW 28TH ST # 309
MIAMI, FL 33142

1131

DATE 02/28/05

63-8778/2670

PAY TO THE ORDER OF Division of Corporations Florida Department of State $ 150.00

Ciento cincuenta 4/0 DOLLARS

Interamerican Bank
Hialeah Branch
1030 West 12 Ave.
Hialeah, FL 33012

FOR P03000084659

[redacted]