

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91244 035 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000105031

1. Entity Name
 CARIBE-JAPAN CONSULTANTS CORP.



Principal Place of Business

6800 SW 40TH ST
 #385
 MIAMI, FL 33155

Mailing Address

6800 SW 40TH ST
 #385
 MIAMI, FL 33155

94083166



2. Principal Place of Business

6800 SW 40th St.
 Suite, Apt. #, etc.
 385

3. Mailing Address

6800 SW 40th St.
 Suite, Apt. #, etc.
 385

04072004

Chg-P

CR2E034 (10/03)

City & State
 Miami FL

City & State
 Miami FL

4. FEI Number
 02-0709247

Applied For
 Not Applicable

Zip
 33155

Country
 USA

Zip
 33155

Country
 USA

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

6. Name and Address of Current Registered Agent

PEREZ, CECILIO A
 6800 SW 40TH ST
 #385
 MIAMI, FL 33155

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	PEREZ, CECILIO A	
STREET ADDRESS	6800 SW 40TH ST #385	
CITY-STATE-ZIP	MIAMI, FL 33155	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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

Date

Daytime Phone #