FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name				FILED 04 DEC -2 PH 12: 23		
						CARIBBEAN INVESTOR GROUP INC
DO NOT WRITE IN THIS SPACE				SECRETARY OF STAT TALLAMASSEE, FLORE		
		3. Mailing Address				
4296 PALM AVENUE Suite, Apt. #, etc. Suite, Apt.				DO NOT WRITE IN THI	SPACE	
City & State		City & State		4. FEI Number Applied For		
HIALEAH, FL Zip	Country	Zip	Country	59-2700102  5. Certificate of Status Desired	Not Applicable   \$8.75 Additional	
33012					Fee Required	
			Name	me and Address of Current Regis	tered Agent	
DO NOT WRITE JUAN			JUAN F FERI	FERRANDO		
IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable) 4296 PALM AVENUE		
		TOL .		· ·		
			City HIALEAH	FL	Zip Code 33012	
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	and Fall	16	FERRANDO		11/9/2004	
Signatu	re, typed or printed name of n	egistered agent and title if		stered Agent signature required when reinstatir		
After M Amen	- May 1 Fee is \$150.00 ay 1, Fee is \$550.00 ded UBR is \$61.25 a to Florida Departme		•	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11.			
TITLE NAME	P FERRANDO, JUAN F		TITLE NAME			
STREET ADDRESS CITY-ST-ZIP	4296 PALM AVENUE  HIALEAH, FL 33012		STREET ADDRES	S		
TITLE NAME			TITLE NAME			
STREET ADDRESS		•	STREET ADDRES	s		
CITY-ST-ZIP TITLE			CITY-ST-ZIP TITLE			
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CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP			
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CITY-ST-ZIP	·		CITY-ST-ZIP	<b>~</b>	(1.4 **19).00	
TITLE   NAME			TITLE NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	iS		
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 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 #						
SIGN	ATURE AND TYPED OR	PRINTED NAME OF S	GIGNING OFFICER OR I	DIRECTOR Date D	aytime Phone #	
- //			-			

## CARIBBEAN INVESTOR GROUP INC.

4296 PALM AVENUE HIALEAH, FL 33012

November 9, 2004

Florida Department of State P O Box 6327 Tallahassee, Florida 32314

Subject: CARIBBEAN INVESTOR GROUP INC

Ref: P03000110409

Enclosed please find the 2004 Annual Report, along with the payment of \$150.00

We wish to request a waiver of the late fee, because we did not receive the postcard from you, and did not realize that the payment had to be made.

We thank you for your understanding.

Sincerely,

Juan F. Ferrando

se teccando

President