

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113112

Entity Name: CARIDE INVESTMENT, INC.

FILED  
Feb 21, 2005  
Secretary of State

## Current Principal Place of Business:

10281 SW 72ND STREET  
SUITE 106  
MIAMI, FL 33173

## New Principal Place of Business:

2630 SW 28TH STREET  
SUITE 61  
COCONUT GROVE, FL 33133

## Current Mailing Address:

10281 SW 72ND STREET  
SUITE 106  
MIAMI, FL 33173

## New Mailing Address:

2630 SW 28TH STREET  
SUITE 61  
MIAMI, FL 33173

FEI Number: 20-0318534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FABIAN, RAFAEL  
10281 SW 72ND STREET  
SUITE 106  
MIAMI, FL 33173 US

## Name and Address of New Registered Agent:

RUA, CARLOS M  
2630 SW 28TH STREET  
SUITE 61  
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: CARLOS M. RUA

02/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: RUA, CARLOS M  
Address: P.O. BOX 347135  
City-St-Zip: CORAL GABLES, FL 332347135

Title: VT ( ) Delete  
Name: RUA, CLARIDE  
Address: P.O. BOX 347135  
City-St-Zip: CORAL GABLES, FL 332347135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS M. RUA

PS

02/21/2005

Electronic Signature of Signing Officer or Director

Date