

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139686

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** CARIBBEAN GROUP STORES INC.

**Current Principal Place of Business:**

848 BRICKELL AVE 4 FLR  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

848 BRICKELL AVE 4 FLR  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 38-3697687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHERMAN, PAUL  
848 BRICKELL AVE 4 FLR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SCHERMAN, PAUL  
Address: 848 BRICKELL AVE 4 FLR  
City-St-Zip: MIAMI, FL 33131

Title: P  
Name: ECHEVARRRIA, HERMAN  
Address: 848 BRICKELL AVE., 4TH FLR  
City-St-Zip: MIAMI, FL 33131

Title: VP  
Name: ANDERSON, SEAN  
Address: 848 BRICKELL AVE 4 FLR  
City-St-Zip: MIAMI, FL 33131

Title: T  
Name: MAXIMO MELLA, JOSE  
Address: 848 BRICKELL AVE 4 FLR  
City-St-Zip: MIAMI, FL 33131

Title: D  
Name: HERRERAS, CARLOS  
Address: 848 BRICKELL AVE 4 FLR  
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: HERMAN ECHEVARRRIA

P

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date