


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P03000149298</b><br>1. Entity Name<br><b>GRAN CARIBE USA INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>13101 SW 19 DR<br>MIRAMAR FL 33027 | Mailing Address<br>13101 SW 19 DR<br>MIRAMAR FL 33027 |
|---|---|



1st MOORE      CR2E034 (10/04)

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br>Zip      Country | City & State<br>Zip      Country |
|----------------------------------|----------------------------------|

|                                 |  |
|---------------------------------|--|
| 4. FEI Number <b>74-3111087</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|---------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>CANIZARES, JOSE L</b><br><b>13101 SW 19 DR</b><br><b>MIRAMAR FL 33027</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

|   |                                    |
|---|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                   |
|----------------------------|-----------------------------------|
| TITLE                      | P <input type="checkbox"/> Delete |
| NAME                       | CANIZARES, JOSE L                 |
| STREET ADDRESS             | 13101 SW 19 DR                    |
| CITY-ST-ZIP                | MIRAMAR FL 33027                  |
| TITLE                      | V <input type="checkbox"/> Delete |
| NAME                       | JENSEN, JUDITH M                  |
| STREET ADDRESS             | 13101 SW 19 DR                    |
| CITY-ST-ZIP                | MIRAMAR FL 33027                  |
| TITLE                      | S <input type="checkbox"/> Delete |
| NAME                       | CANIZARES, MARIA                  |
| STREET ADDRESS             | 13101 SW 19 DR                    |
| CITY-ST-ZIP                | MIRAMAR FL 33027                  |
| TITLE                      | T <input type="checkbox"/> Delete |
| NAME                       | CANIZARES, JORGE J                |
| STREET ADDRESS             | 13101 SW 19 DR                    |
| CITY-ST-ZIP                | MIRAMAR FL 33027                  |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

00000266406  
03/17/05-80030-001 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** JOSE L. CANIZARES      03-12-05      205-318-6920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #