

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90291 013 ***158.75

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1. Entity Name
CENTRAL CARIBBEAN DISTRIBUTOR INC.



Principal Place of Business
901 PONCE DE LEON BLVD
STE 606
CORAL GABLES, FL 33134

Mailing Address
901 PONCE DE LEON BLVD
STE 606
CORAL GABLES, FL 33134



2. Principal Place of Business
11022 NW 48th LANE

3. Mailing Address
11022 NW 48th LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202005 Chg-P CR2E034 (10/03)

City & State
MIAMI FLORIDA 33178

City & State
MIAMI, FL 33178

4. FEI Number
APPLIED FOR 54-2137137 Applied For
Not Applicable

Zip
33178 Country
USA

Zip
33178 Country
USA

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

6. Name and Address of Current Registered Agent

GONZALEZ, CESAR J
9805 N.W. 52ND STREET
SUITE 518
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name
GONZALEZ-CESAR J.
Street Address (P.O. Box Number is Not Acceptable)
1102 NW 48th LANE
City
MIAMI FL 33178

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 CESAR J GONZALEZ - REGISTER AGENT 4-20-2005
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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME P
GONZALEZ, CESAR J ☐ Delete
STREET ADDRESS
901 PONCE DE LEON BLVD STE 606
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME VP
GONZALEZ, JOSE V ☐ Delete
STREET ADDRESS
901 PONCE DE LEON BLVD STE 606
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME S
GONZALEZ, CESAR ☐ Delete
STREET ADDRESS
901 PONCE DE LEON BLVD STE 606
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P ☒ Change ☐ Addition
GONZALEZ, CESAR J.
STREET ADDRESS
11022 NW 48th LANE
CITY-ST-ZIP
DORAL, FLORIDA 33178

TITLE
NAME VP ☒ Change ☐ Addition
GONZALEZ, JOSE V.
STREET ADDRESS
11022 NW 48th LANE
CITY-ST-ZIP
DORAL, FLORIDA 33178

TITLE
NAME S ☒ Change ☐ Addition
GONZALEZ, CESAR
STREET ADDRESS
11022 NW 48th LANE
CITY-ST-ZIP
DORAL, FLORIDA 33178

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

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-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: Cesar J Gonzalez 4-20-2005 305-715-7182
Signature and typed or printed name of signing officer or director Date Daytime Phone #