

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90020 014 ***158.75

DOCUMENT # P03000149649

1. Entity Name
CENTRAL CARIBBEAN DISTRIBUTOR INC.



Principal Place of Business
11022 NW 48TH LANE
606
MIAMI, FL 33178

Mailing Address
11022 NW 48TH LANE
STE 606
MIAMI, FL 33178

40055501



DO NOT WRITE IN THIS SPACE

04062008 No Chg-P CR2E034 (11/05)

4. FEI Number
54-2137137

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, CESAR J
11022 NW 48TH LANE
STE 606
MIAMI, FL 33178

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GONZALEZ, CESAR J
STREET ADDRESS	11022 NW 48TH LANE-STE 606
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VP
NAME	GONZALEZ, JOSE V
STREET ADDRESS	11022 NW 48TH LANE-STE 606
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	S
NAME	GONZALEZ, CESAR
STREET ADDRESS	11022 NW 48TH LANE-STE 606
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CE SAR GONZALEZ AP-11-2008 305-715-7182
Date Daytime Phone #