2006 FOR PROFIT CORPORATION ANNUAL REPORT

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[illegible] FLORIDA

4-28-06 90147-002 150.00

DOCUMENT # P04000036039

1. Entity Name
SATEL CARIBE CORP.

Principal Place of Business	Mailing Address
7625 NW 54TH ST MIAMI, FL 33166	7625 NW 54TH ST MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (1[illegible])

4. FEI Number
80-0100289

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

6. Name and Address of Current Registered Agent

SOLARES, IGNACIO
7625 NW 54TH ST
MIAMI, FL 33166

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SOLARES, IGNACIO
STREET ADDRESS	2524 PRINCETON COURT
CITY-ST-ZIP	WESTON, FL 33327
TITLE	ST
NAME	SOLARES, ROSA M
STREET ADDRESS	600 BILTMORE WAY, APT #1114
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: [signature] 4-7-06 305-592-[illegible]593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone