

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110198

Entity Name: CARIBE INSURANCE, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

1724 S CONGRESS AVE
PALM SPRINGS, FL 33461

New Principal Place of Business:

Current Mailing Address:

1724 S CONGRESS AVE
PALM SPRINGS, FL 33461

New Mailing Address:

FEI Number: 57-1209915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURAN, EDGAR L
1364 CLIMBING ROSE LANE
WEST PALM BEACH, FL 33415 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOORE, BELKIS
Address: 6360 LINTON ST
City-St-Zip: JUPITER, FL

Title: V () Delete
Name: DURAN, EDGAR
Address: 1364 CLIMBING ROSE LANE
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDGAR L DURAN

P

04/30/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date