


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000117648													
1. Entity Name CARIBBEAN INVESTORS, INC.													
Principal Place of Business 9737 NW 41ST ST., #499 MIAMI, FL 33178			Mailing Address 9737 NW 41ST ST., #499 MIAMI, FL 33178										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 11-3725176									
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent GONZALEZ, TRACY 9737 NW 41ST ST., #499 MIAMI, FL 33178		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> Name Santos, Eduardo </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Street Address (P.O. Box Number is Not Acceptable) 9737 NW 41ST #499 </td> </tr> <tr> <td style="padding: 5px;"> City Miami </td> <td style="padding: 5px;"> FL </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Zip Code 33178 </td> </tr> </table>				Name Santos, Eduardo		Street Address (P.O. Box Number is Not Acceptable) 9737 NW 41ST #499		City Miami	FL	Zip Code 33178	
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Street Address (P.O. Box Number is Not Acceptable) 9737 NW 41ST #499													
City Miami	FL												
Zip Code 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. <table style="width:100%;"> <tr> <td style="width:60%; padding: 5px;"> SIGNATURE <u>Eduardo Santos</u> <small>Signature, typed or printed name of registered agent and title if applicable</small> </td> <td style="width:40%; padding: 5px;"> DATE <u>4/24/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> </tr> </table>						SIGNATURE <u>Eduardo Santos</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>4/24/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>						
SIGNATURE <u>Eduardo Santos</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>4/24/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>												
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE D	NAME GONZALEZ, TRACY		<input checked="" type="checkbox"/> Delete	TITLE P	NAME Eduardo Santos								
STREET ADDRESS 9737 NW 41ST ST., #499	CITY-ST-ZIP MIAMI, FL 33178		<input type="checkbox"/> Change	STREET ADDRESS 9737 NW 41ST #499	CITY-ST-ZIP Miami, FL 33178								
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition								
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		<input type="checkbox"/> Change	<input type="checkbox"/> Addition									
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Delete	<input type="checkbox"/> Change									
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		<input type="checkbox"/> Addition										
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Delete	<input type="checkbox"/> Change									
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		<input type="checkbox"/> Addition										
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Delete	<input type="checkbox"/> Change									
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		<input type="checkbox"/> Addition										
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: <u>Eduardo Santos</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/24/07</u> <small>Daytime Phone #</small>										

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TALLAHASSEE, FLORIDA



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