

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000130748

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: CARIBBEAN MEDICAL BUSINESS, INC.

## Current Principal Place of Business:

6691 COW PEN ROAD  
SUITE #A207  
MIAMI, FL 33014

## New Principal Place of Business:

11050 N. KENDALL DRIVE  
SUITE #106  
MIAMI, FL 33176

## Current Mailing Address:

6691 COW PEN ROAD  
SUITE #A207  
MIAMI, FL 33014

## New Mailing Address:

11050 N. KENDALL DRIVE  
SUITE #106  
MIAMI, FL 33176

FEI Number: 20-1644608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AYALA, RUBEN G  
6691 COW PEN ROAD  
SUITE #A207  
MIAMI, FL 33014 US

## Name and Address of New Registered Agent:

AROCA, GUSTAVO  
11050 N. KENDALL DRIVE  
SUITE #106  
MIAMI, FL 33176 US

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: AROCA GUSTAVO

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: AYALA, RUBEN G  
Address: 6691 COW PEN ROAD #A207  
City-St-Zip: MIAMI, FL 33014

Title: SD ( ) Delete  
Name: AROCA, GUSTAVO  
Address: 6691 COW PEN ROAD #A207  
City-St-Zip: MIAMI, FL 33014

Title: TD ( ) Delete  
Name: DAZA, KATERINA  
Address: 6691 COW PEN ROAD #A207  
City-St-Zip: MIAMI, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: AROCA, GUSTAVO  
Address: 11050 N. KENDALL DRIVE - SUITE 106  
City-St-Zip: MIAMI, FL 33176

Title: SD (X) Change ( ) Addition  
Name: DAZA, KATERINA  
Address: 11050 N. KENDALL DRIVE - SUITE 106  
City-St-Zip: MIAMI, FL 33176

Title: TD (X) Change ( ) Addition  
Name: AYALA, RUBEN  
Address: 11050 N. KENDALL DRIVE - SUITE 106  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AROCA GUSTAVO

PD

04/20/2005

Electronic Signature of Signing Officer or Director

Date