

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000141884

1. Entity Name
CARIBE TRUCKING CO. INC.



Principal Place of Business

**11401 SW 40TH STREET
SUITE 331
MIAMI, FL 33165**

Mailing Address

**11401 SW 40TH STREET
SUITE 331
MIAMI, FL 33165**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PRIETO, CAMILO
11401 SW 40TH STREET
SUITE 331
MIAMI, FL 33165**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	D
NAME	BRUGUERAS, CARLOS A
STREET ADDRESS	11401 SW 40TH STREET, SUITE 331
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D
NAME	PRIETO, CAMILO
STREET ADDRESS	11401 SW 40TH STREET, SUITE 331
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000380321
01/11/06-80009-010 158.75

**DO NOT WRITE
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Camilo Prieto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 09, 2006 08:00 AM
Secretary of State



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
43-2062931

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**