

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000039475

1. Entity Name
CARRIBEAN AIRLINES, INC.



Principal Place of Business
1895 IXORA RD
NORTH MIAMI, FL 33181

Mailing Address
1895 IXORA RD
NORTH MIAMI, FL 33181

07 FEB 14 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2505093

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAMER, ROBERT E JR
1895 IXORA RD
NORTH MIAMI, FL 33181

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMER, ROBERT E JR 1895 IXORA RD NORTH MIAMI, FL 33181
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**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert E. Hamer 2/11/07