

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P05000063702**



1. Entity Name  
**EL CARIBE OF PALM CITY, INC.**

Principal Place of Business  
2655 FEREO ST.  
PALM CITY, FL 34990

Mailing Address  
2655 FEREO ST.  
PALM CITY, FL 34990

2. Principal Place of Business

3. Mailing Address  
**2655 SW FEREO AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PINEIRO, JUAN  
2655 FEREO ST.  
PALM CITY, FL 34990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME PINEIRO, JUAN  
STREET ADDRESS 2655 FEREO ST.  
CITY-ST-ZIP PALM CITY, FL 34990

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**President**

Change

Addition

1968 SE FELTON AVE  
FORT ST. LUCIE FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Epifalia Pineiro**

Change

Addition

**Vice-President**

1968 SE FELTON AVE

FORT ST. LUCIE FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

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:

*Juan Pineiro Juan Pineiro 4/25/06*

**FILED  
Apr 27, 2006 8:00 am  
Secretary of State**

04-27-2006 90202 023 \*\*\*158.75



03072006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2813697</b>	Applied For <input type="checkbox"/>
	Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

772-240-5434