

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088370

FILED
Mar 02, 2006
Secretary of State

Entity Name: CARIBE UTILITIES OF FLORIDA INC.

Current Principal Place of Business:

5030 SW 116 AVE
MIAMI, FL 33165 US

New Principal Place of Business:

11110 NORTH KENDALL DRIVE
SUITE 104
MIAMI, FL 33176 US

Current Mailing Address:

5030 SW 116 AVE
MIAMI, FL 33165 US

New Mailing Address:

11110 NORTH KENDALL DRIVE
SUITE 104
MIAMI, FL 33176 US

FEI Number: 20-3054696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABRANES, MIGUEL
5030 SW 116 AVE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

CABRANES, MIGUEL
11110 NORTH KENDALL DR
SUITE 104
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: MIGUEL CABRANES

03/02/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CABRANES, MIGUEL
Address: 5030 SW 116 AVE
City-St-Zip: MIAMI, FL 33165 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CABRANES, MIGUEL
Address: 11110 NORTH KENDALL DRIVE SUITE 104
City-St-Zip: MIAMI, FL 33176 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MIGUEL CABRANES

P

03/02/2006

Electronic Signature of Signing Officer or Director

Date