## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000140509

City-St-Zip:

City-St-Zip:

Title:

Name: Address: MIAMI LAKES, FL 33018 US

() Delete

**Entity Name:** CARIBBEAN RIDERS CORPORATION

**FILED** Apr 28, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8830 NW 172 TER 4407 EAST 11TH, AVENUE MIAMI LAKES, FL 33018 HIALEAH, FL 33013 US **Current Mailing Address: New Mailing Address:** 8830 NW 172 TER 4407 EAST 11TH. AVENUE MIAMI LAKES, FL 33018 US HIALEAH, FL 33013 US FEI Number: 20-5852356 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALVITE, MARIA ELENA 8830 NW 172 TER MIAMI LAKES, FL 33018 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition ALVITE, ARMANDO ARMANDO ALVITE, Name: Name: 8830 NW 172TERR 8830 NW 172 NW Address: Address: City-St-Zip: MIAMI LAKES, FL 33018 US City-St-Zip: MIAMI LAKES, FL 33018 US Title: VΡ Title: VΡ () Delete (X) Change ( ) Addition Name: ALVITE, MARIA ELENA Name: ALVITE, MARIA ELENA 8830 NW 172 NW 8830 NW 172 TERR Address: Address: MIAMI LAKES, FL 33018 US MIAMI LAKES, FL 33018 US City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Title: ( ) Delete ALVITE, ALEXIS E GUILLERMO D BARCENA, Name: Name: 8830 NW 172 NW 5911 SW 93 PLACE Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33173 US

JOSE A RIESTRA,

13021 SW 80 STREET

MIAMI, FL 33183 US

( ) Change (X) Addition

VΡ SIGNATURE: MARIA E ALVITE 04/28/2007