

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000100250

Entity Name: CARIBE RESTAURANT INC.

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

17812 SW 144TH AVE
MIAMI, FL 33177

New Principal Place of Business:

7169-7173 WEST FLAGLER STREET
MIAMI, FL 33144

Current Mailing Address:

17812 SW 144TH AVE
MIAMI, FL 33177

New Mailing Address:

7169-7173 WEST FLAGLER STREET
MIAMI, FL 33144

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVARADO, JUAN J
17812 SW 144TH AVE
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

ALVARADO, JUAN JOSE
7169-7173 WEST FLAGLER STREET
MIAMI, FL 33144 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: JUAN JOSE ALVARADO

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: ALVARADO, JUAN J
Address: 17812 SW 144TH AVE
City-St-Zip: MIAMI, FL 33177

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALVARADO, JUAN JOSE
Address: 7169-7173 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

Title: VP () Change (X) Addition
Name: ALVARADO, JOSE M
Address: 7169-7173 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

Title: S () Change (X) Addition
Name: ALVARADO, MARIA
Address: 7169-7173 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

Title: T () Change (X) Addition
Name: ALVARADO, CRUZ A
Address: 7169-7173 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

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.

SIGNATURE: JUAN JOSE ALVARADO

PD

01/23/2009

Electronic Signature of Signing Officer or Director

Date