

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000100250

**FILED**  
**Apr 06, 2009**  
**Secretary of State****Entity Name:** CARIBE RESTAURANT INC.**Current Principal Place of Business:**7169-7173 WEST FLAGLER STREET  
MIAMI, FL 33144**New Principal Place of Business:****Current Mailing Address:**7169-7173 WEST FLAGLER STREET  
MIAMI, FL 33144**New Mailing Address:****FEI Number:** 32-0266624**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ALVARADO, JUAN JOSE  
7169-7173 WEST FLAGLER STREET  
MIAMI, FL 33144 US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 ALVARADO

PRE

04/06/2009

Electronic Signature of Signing Officer or Director

Date