

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000052947

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** CARIBBEAN CONSULTING & MANAGEMENT GROUP INC

**Current Principal Place of Business:**

3303 W LAKE AVE N  
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

3303 W LAKE AVE N  
PLANT CITY, FL 33563

**New Mailing Address:**

**FEI Number:** 90-0494998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TRAVERSO, GERARDO  
1109 SEFFNER VALRICO RD.  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

TRAVERSO, GERARDO  
3303 W LAKE AVENUE NORTH  
PLANT CITY, FL 33563 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:**

02/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** TRAVERSO, DIMARILIZ  
**Address:** 1109 SEFFNER VALRICO RD.  
**City-St-Zip:** VALRICO, FL 33594

**Title:** VP  
**Name:** TRAVERSO, GERARDO  
**Address:** 1109 SEFFNER VALRICO RD.  
**City-St-Zip:** VALRICO, FL 33594

**Title:** P  
**Name:** RODRIGUEZ, XYNTHIA  
**Address:** 3303 W LAKE AVE N  
**City-St-Zip:** PLANT CITY, FL 33563

I hereby 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 all other like empowered.

**SIGNATURE:** GERARDO TRAVERSO

VP

02/18/2011

Electronic Signature of Signing Officer or Director

Date