2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P92000004737

1. Entity Name
AL CARIBBE, INC.

Principal Place of Business	Mailing Address
715 NE 143 ST #115 N MIAMI, FL 33161 US	715 NE 143 ST N MIAMI, FL 33161 US

DO NOT WRITE IN THIS SPACE

03062004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0369876	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GEHY, RAPHAEL EDY
715 N.E. 143 ST.
N. MIAMI, FL 33161

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD	
NAME	GEHY, RAPHAEL EDY	
STREET ADDRESS	715 N.E. 143 ST.	
CITY-ST-ZIP	N. MIAMI, FL 33161	
TITLE	STD	
NAME	GEHY, ELSIE V	
STREET ADDRESS	715 N.E. 143 ST.	
CITY-ST-ZIP	N. MIAMI, FL 33161	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000117991
04/19/04-80042-014 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Raphael E. Gehy_   _Raphael E. Gehy_   _4/15/04_   _(305) 940-0099_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #