

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000009940

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

**Entity Name:** CARIBE INTERIOR DISTRIBUTOR, INC.

**Current Principal Place of Business:**

3650 NW 82 AVE  
405  
MIAMI, FL 33166 US

**New Principal Place of Business:**

1743 W 80TH STREET  
HIALEAH, FL 33014 US

**Current Mailing Address:**

3650 NW 82 AVE  
405  
MIAMI, FL 33166 US

**New Mailing Address:**

1743 W 80TH STREET  
HIALEAH, FL 33014 US

**FEI Number:** 65-0388729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOPEZ, ELIGIO  
1743 W 80TH ST  
HIALEAH, FL 33014 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: DP  
Name: LOPEZ, ELIGIO  
Address: 1743 W 80 STREET  
City-St-Zip: HIALEAH, FL 33014

Title: DT  
Name: LOPEZ, MARIA ELANA  
Address: 1743 W 80 STREET  
City-St-Zip: HIALEAH, FL 33014

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: ELIGIO LOPEZ

DIR

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date