

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000025252

1. Entity Name
INTERMAR CARIBE, INC.



Principal Place of Business
**16880 NE 19 AVE
N MIAMI BEACH, FL 33162 US**

Mailing Address
**16880 NE 19 AVE
N MIAMI BEACH, FL 33162 US**



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0395434	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FORCINO, SILVIA
16880 NE 19 AVE
N MIAMI BEACH, FL 33162**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FORCINO, SILVIA
STREET ADDRESS	16880 NE 19 AVE
CITY-ST-ZIP	N MIAMI BEACH, FL 33162

TITLE	D
NAME	MARTINEZ, GUILLERMO
STREET ADDRESS	20575 NORTHEAST 6TH COURT
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179

TITLE	D
NAME	FORCINO, NORBERTO
STREET ADDRESS	16880 NE 19 AVE
CITY-ST-ZIP	N MIAMI BEACH, FL 33162

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/02/07-80009-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 15th 2007

305-354-4498