2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000082525

1. Entity Name

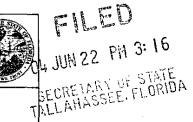
CARIBBEAN TRUCKING, INC.

Principal Place of Business 3220 NW SOUTH RIVER DR.

MIAMI, FL 33142

Mailing Address

3201 NW 24 ST. ROAD MIAMI, FL 33142





DO NOT WRITE IN THIS SPACE

01262004 No Chg-P CF

CR2E034 (10/03)

4. FEI Number 65-0453324 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONOCANDILOS, NICOLAS 3201 NW 24TH STREET ROAD MIAMI, FL 33142

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

<u>e</u>	
10.	" OFFICERS AND DIRECTORS
TITLE NAME	DP " MONOCANDILOS, NICOLAS
STREET ADDRESS	3201 NW 24TH STREET ROAD
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	s
NAME	DIAZ, LILIA A
STREET ADDRESS	3201 NW 24TH STREET ROAD
CiTY - ST - ZIP	MIAMI, FL 33142
ilītē"	
NAME	ISERN, JORGE E
STREET ADDRESS	3201 NW 24TH STREET ROAD
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	AS
NAME	MONOCANDILOS, THEODORA
STREET ADDRESS	3201 NW 24TH STREET ROAD
CITY-ST-ZIP	MIAMI, FL 33142
THILE	VP 1
NAME	MONOCANDILOS, JORDAN
STREET ADDRESS	3201 NW 24 ST. ROAD
EITY - ST - ZIP	MIAMI, FL 33142
TITLE	VP
NAME	OSORNO, JORGE
STREET ADDRESS	3201 NW 24 ST ROAD
CITY-ST-ZiP	MIAMI, FL 33142

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DO NOT WRITE

12. I hereby certify that the information supplied with his hing 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 he 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 tripsee 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 addless, with a ther like ampowered.

SIGNATURE:

SIGNATURE AND TO ED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

TR