

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000082525

1. Entity Name
CARIBBEAN TRUCKING, INC.



FILED

04 JUN 22 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3220 NW SOUTH RIVER DR.
MIAMI, FL 33142

Mailing Address
3201 NW 24 ST. ROAD
MIAMI, FL 33142



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME 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

TITLE T
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

TITLE VP
NAME MONOCANDILOS, JORDAN
STREET ADDRESS 3201 NW 24 ST. ROAD
CITY-ST-ZIP MIAMI, FL 33142

TITLE VP
NAME OSORNO, JORGE
STREET ADDRESS 3201 NW 24 ST ROAD
CITY-ST-ZIP MIAMI, FL 33142

600038236426
06/24/04--01032--002 **158.75

**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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TR