

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000020357

Entity Name: CARIBE SALVAGE INC.

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7010 SW 66 AVE.  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

7010 SW 66 AVE.  
MIAMI, FL 33143 US

**New Mailing Address:**

FEI Number: 65-0477267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BOWDEN, TRACY G PD  
7010 SW 66 AVE.  
MIAMI, FL 33143 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: PD  
Name: BOWDEN, TRACY G PD  
Address: 7010 SW 66 AVE.  
City-St-Zip: MIAMI, FL 33143 US

Title: D  
Name: MC LEAN, JAMES R D  
Address: NINE ISLAND AVE., SUITE 401  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: S  
Name: BOWDEN, JERALDINE H S  
Address: 7010 SW 66 AVE.  
City-St-Zip: MIAMI, FL 33143 US

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: TRACY G BOWDEN

PD

04/05/2012

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

\_\_\_\_\_  
Date