2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000039537

1. Entity Name
CARIBBEAN COMMERCE CENTER, INC.

Principal Place of Business	Mailing Address
10100 N.W. 116TH WAY., #6 MEDLEY, FL 33178 US	PO BOX 521706 MIAMI, FL 33152-1706 US

DO NOT WRITE IN THIS SPACE

04262007   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0519874	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIMMEL, ROBERT L
3191 CORAL WAY PH-2
MIAMI, FL 33145

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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	P
NAME ·	WELCH, NORMAN A
STREET ADDRESS	1707 NW 91 AVE
CITY-ST-ZIP	PLANTATION, FL 33322

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/07-80081-006 158.75

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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: _____ N. WELCH   4/15/07   3558826716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #