2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000051811

1. Entity Name
S.A.I. ISLAS CARIBBEAN, INC.

Principal Place of Business	Mailing Address
2030 SOUTH OCEAN DR., APT. 2218 HALLANDALE, FL 33009	2030 SOUTH OCEAN DR., APT. 2218 HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

01242004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0505616
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE PINEDA, AURA
2030 SOUTH OCEAN DR., APT. 2218
HALLANDALE, FL 33009

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000077886
03/08/04-80005-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PINEDA, AURA D E
STREET ADDRESS	2030 SOUTHE OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VP
NAME	PINEDA, RICARDO
STREET ADDRESS	2030 SOUTH OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	S
NAME	PINEDA, MARIO F
STREET ADDRESS	2030 S OCEAN DR #2218
CITY-ST-ZIP	HALLANDALE, FL 33009
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

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 all other like empowered.

SIGNATURE: _____ MARIO F. PINEDA 02/20/04 954-559-4792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #