


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90013 050 ***150.00

DOCUMENT # P94000051811

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



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

Mailing Address
**2030 SOUTH OCEAN DR., APT. 2218
 HALLANDALE, FL 33009**

40006940

2. Principal Place of Business
P.O. Box 813428
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 813428
 Suite, Apt. #, etc.



01122005 Chg-P CR2E034 (10/03)

City & State
Hollywood FL

City & State
Hollywood FL

Zip
33081 Country
USA

Zip
33081 Country
USA

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**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINEDA, AURA D E 2030 SOUTHE OCEAN DRIVE HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 813428 Hollywood FL. 33081 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINEDA, RICARDO 2030 SOUTH OCEAN DRIVE HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 813428 Hollywood FL. 33081 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINEDA, MARIO F 2030 S OCEAN DR #2218 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 813428 Hollywood FL 33081 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 PINEDA, S Date: 1/12/2005 Daytime Phone #: 954 559 4792