

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90093 032 \*\*\*150.00

**DOCUMENT # P94000051811**

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



Principal Place of Business

15461 TURNBULL DR  
MIAMI LAKES, FL 33014

Mailing Address

15461 TURNBULL DR  
MIAMI LAKES, FL 33014



03142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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 restate)

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 PINEDA, AURA D E  
STREET ADDRESS 15461 TURNBULL DR  
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE VP  
NAME PINEDA, RICARDO  
STREET ADDRESS 15461 TURNBULL DR  
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE S  
NAME PINEDA, MARIO F  
STREET ADDRESS 15461 TURNBULL DR  
CITY-ST-ZIP MIAMI LAKES, FL 33014

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 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-15-07