


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000091176</b>	
1. Entity Name CARIBE KENDALL CORPORATION	

Principal Place of Business 11755 SW 90 ST 210 MIAMI, FL 33186 US	Mailing Address 11755 SW 90 ST 210 MIAMI, FL 33186 US
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04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0545879	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MARTINEZ, CARLOS E 11755 SW 90 ST. SUITE 210 MIAMI, FL 33186
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, EMILIO F 11755 SW 90TH STREET 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, CARLOS E 11755 SW 90TH STREET SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, RAUL A 11755 SW 90TH STREET 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, EMILIO J 11755 SW 90TH STREET 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, FERNANDO I 11755 SW 90TH STREET 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JIMENEZ, JOSE A 11755 SW 90TH STREET 210 MIAMI, FL 33186

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05/17/06-80086-002 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06  
Date

Daytime Phone # \_\_\_\_\_