## 2007 FOR PROFIT CORPORATION

## Jan 29, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P94000091176 01-29-2007 90102 049 \*\*\*150.00 CARIBE KENDALL CORPORATION Principal Place of Business Mailing Address 11755 SW 90 ST 11755 SW 90 ST 210 210 MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 65-0545879 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINEZ, CARLOS E Street Address (P.O. Box Number is Not Acceptable) 11755 SW 90 ST. **SUITE 210** MIAMI, FL 33186 Zip Code City FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D TETLE ☐ Change ■ Addition TIT+F ☐ Delete MARTINEZ, EMILIO F NAME NAME STREET ADDRESS 11755 SW 90TH STREET 210 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY - ST - ZIP Detete TITLE Change ☐ Addition TITLE NAME MARTINEZ, CARLOS E NAME STREET ADDRESS STREET ADDRESS 11755 SW 90TH STREET SUITE 210 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARTINEZ, RAUL A NAME 11755 SW 90TH STREET 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 ☐ Delete TITLE ☐ Change ☐ Addition TITLE MARTINEZ, EMILIO J NAME NAME 11755 SW 90TH STREET 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE MARTINEZ, FERNANDO I NAME NAME 11755 SW 90TH STREET 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 TITLE Change ☐ Addition TITLE Delete JIMENEZ, JOSE A NAME

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 aduress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

11755 SW 90TH STREET 210

MIAMI, FL 33186

SIGNATURE AND TYPED OR PRINTED HAME OF STONING OFFICER OR DIRECTOR

3052731303

Davtime Phone #

FILED