

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000029165**

1. Entity Name  
**CARIBE INVESTMENT, INC.**



Principal Place of Business  
**275 WEST 25 ST.  
HIALEAH, FL 33010**

Mailing Address  
**275 WEST 25 ST.  
HIALEAH, FL 33010**



04262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0582478**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOPEZ, LUIS  
1330 W. 42ND PLACE  
HIALEAH, FL 33012**

**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 reinstating)

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 PD  
NAME LOPEZ, LUIS  
STREET ADDRESS 15782 NW 79TH ST  
CITY-ST-ZIP HIALEAH, FL 33016

TITLE VD  
NAME LOPEZ, MIGUEL  
STREET ADDRESS 16521 N.W. 82 PLACE  
CITY-ST-ZIP MIAMI, FL 33016

TITLE SD  
NAME CANDELARIO, VICTOR H  
STREET ADDRESS 11630 W. 57TH COURT  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE TD  
NAME VALDES, JOSE A  
STREET ADDRESS 573 W. 63RD STREET  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000741739  
05/15/07-80042-019 150.00

**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

Date

Daytime Phone #

4-20-07 305-884-0003