

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90001 001 \*\*\*158.75

**DOCUMENT # P95000071520**

1. Entity Name  
**CARIBBEAN PACK SERVICE, CORP.**



Principal Place of Business  
**8438 NW 70TH STREET  
MIAMI, FL 33166 US**

Mailing Address  
**8438 NW 70TH STREET  
MIAMI, FL 33166 US**

**54063000**



2. Principal Place of Business

**8401 NW 68 ST**

3. Mailing Address

**8401 NW 68 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142004

Chg-P

CR2E034 (10/03)

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0609394**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONTERO, JULIO R  
8438 NW 70TH STREET  
MIAMI, FL 33166**

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

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete  
NAME **MONTERO, IVONNE**  
STREET ADDRESS **8438 NW 70TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **DV** ☐ Delete  
NAME **MONTERO, GEORGE R**  
STREET ADDRESS **8438 NW 70TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **P** ☐ Delete  
NAME **MONTERO, JULIO**  
STREET ADDRESS **8438 NW 70TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P/S** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Julio Montero**

Date

Daytime Phone #

**7/14/04**

**3054639974**