

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000076486**

1. Entity Name  
**CARIBE GROUP CORP.**



Principal Place of Business

**11755 SW 90 STREET  
SUITE # 210  
MIAMI, FL 33186 US**

Mailing Address

**11755 SW 90 STREET  
SUITE # 210  
MIAMI, FL 33186 US**

**DO NOT WRITE IN THIS SPACE**



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0620743**

Applied For  
Not Applicable

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

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

**MARTINEZ, CARLOS E  
11755 SW 90 STREET  
SUITE # 210  
MIAMI, FL 33186**

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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, 2008 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 MARTINEZ, CARLOS E  
STREET ADDRESS 11755 SW 90TH STREET SUITE 210  
CITY-ST-ZIP MIAMI, FL 33186

TITLE VP  
NAME MARTINEZ, RAUL A  
STREET ADDRESS 11755 SW 90 STREET SUITE 210  
CITY-ST-ZIP MIAMI, FL 33186

TITLE VP  
NAME MARTINEZ, EMILIO J  
STREET ADDRESS 11755 SW 90TH STREET SUITE 210  
CITY-ST-ZIP MIAMI, FL 33186

TITLE ST  
NAME MARTINEZ, EMILIO F  
STREET ADDRESS 11755 SW 90TH STREET SUITE 210  
CITY-ST-ZIP MIAMI, FL 33186

TITLE AS  
NAME MARTINEZ, FERNANDO I  
STREET ADDRESS 11755 SW 90TH STREET SUITE 210  
CITY-ST-ZIP MIAMI, FL 33186

TITLE S  
NAME ARNAIZ, MIREN  
STREET ADDRESS 11755 SW 90TH ST SUITE 210  
CITY-ST-ZIP MIAMI, FL 33186

U00000825526  
02/21/08-80013-006 150.00

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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 #