
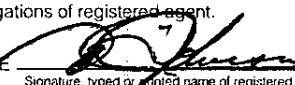
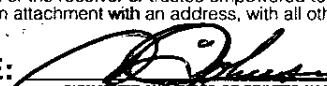


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90004 021 ***150.00

DOCUMENT # P96000026083 1. Entity Name CARIBBEAN IMPEX TRADE SERVICES CORP.					
Principal Place of Business 1416 W FLAGLER ST MIAMI FL 33135				Mailing Address 1416 W FLAGLER ST MIAMI FL 33135	
2. Principal Place of Business 8012 N.W. 29 ST. Suite, Apt. #, etc. SUITE #102		3. Mailing Address 8012 NW 29 ST Suite, Apt. #, etc. 102			
City & State MIAMI, FL.		City & State MIAMI, FL.		4. FEI Number 65-0651806	
Zip 33122 Country USA		Zip 33122 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, DAVID A 1416 W FLAGLER ST MIAMI FL 33135				7. Name and Address of New Registered Agent Name DAVID A. JOHNSON Street Address (P.O. Box Number is Not Acceptable) 8012 N.W. 29 STREET City MIAMI FL FL Zip Code 33122	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE SEPT. 06 - 04	
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete JOHNSON, DAVID A 1416 W FLAGLER ST MIAMI FL 33135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8012 NW 29 STREET MIAMI FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE SEPT. 06 - 04 305-477-9079 <small>Date Daytime Phone #</small>		