


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-17-2004 90001 044 ***150.00

| | |
|---|---|
| DOCUMENT # P97000016553 |  |
| 1. Entity Name CARIBBEAN GROUP, INC. | |

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| Principal Place of Business 13130 SW 128 ST UNIT 8 MIAMI, FL 33186 US | Mailing Address 13130 SW 128 ST UNIT 8 MIAMI, FL 33186 US |
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| 2. Principal Place of Business 8600 N.W. 53 Terrace Suite, Apt. #, etc. 201 City & State Miami, Florida Zip 33166 Country USA | 3. Mailing Address 8600 N.W. 53 Terrace Suite, Apt. #, etc. 201 City & State Miami, Florida Zip 33166 Country USA |
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08102004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0731205 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ROSILLO, FRANK 8600NW 53 TERRACE STE 201 MIAMI, FL 33166 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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. |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FERNANDEZ, MIGUEL A 15711 SW 91 STREET MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERNAL, JUAN I 11941 SW 79 TERRACE MIAMI, FL 33183 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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:  **Juan Bernal** 08/10/2004 (305) 477-5671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54068507
P97000016553

CARIBBEAN GROUP, INC.

8600 N.W. 53 TERRACE, SUITE 201

MIAMI, FL 33166

305-234-8125

August 10, 2004

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

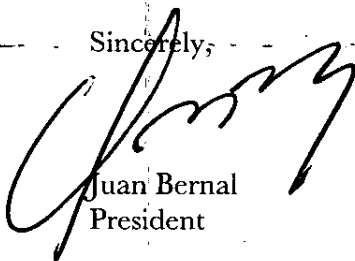
As per our phone conversation, I have attached a check for \$150.00 for the year 2004 Uniform Business Report filing.

Additionally, please change my mailing address to 8600 NW 53rd Terrace, Suite 201, Miami, FL 33166.

As discussed, please waive any re-instatement penalties because, I never received the notices from your office to file for 2004.

Thank you for your assistance and cooperation. If there are any questions please contact my accountant, Frank Rosillo at 305-477-5671.

Sincerely,



Juan Bernal
President