

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90414 030 \*\*\*150.00

**DOCUMENT # P97000092442**

1. Entity Name  
**CARIBBEAN TRANSACTIONS & BUSINESS, INC.**



Principal Place of Business

995 SW 14 AVE  
MIAMI, FL 33135

Mailing Address

995 SW 14 AVE  
MIAMI, FL 33135

2. Principal Place of Business - No P.O. Box #

2411 SW 9th AVENUE

3. Mailing Address

2411 SW 9th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33129

Country

U.S.

Zip

33129

Country

U.S.

04262007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0793025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, TERESA E  
995 SW 14 AVE  
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2411 SW 9th AVENUE

City

Miami

FL

Zip Code

33129

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 ☐ Delete

NAME JIMENEZ, TERESA E

STREET ADDRESS 995 SW 14 AVE

CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Delete

NAME JIMENEZ PORTUONDO, ARIEL

STREET ADDRESS 995 SW 14 AVE

CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Delete

NAME MAITE, ANEL

STREET ADDRESS 995 SW 14 AVE

CITY-ST-ZIP MIAMI, FL 33135

TITLE ☒ Delete

NAME MORALES PEREZ, ORESTES

STREET ADDRESS 995 SW 14 AVE

CITY-ST-ZIP MIAMI, FL 33135

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 ☐ 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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/07 305-856-0028