## FILED Apr 25, 2008 8:00 am Secretary of State 04-25-2008 90149 046 \*\*\*150.00 2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P97000092442

1. Entity Name CARIBBEAN TRANSACTIONS & BUSINESS, INC.						04-23-2008 90149 040 ***130.00				
Principal Place of Business Mailing Addre 2411 SW 9TH AVENUE 2411 SW 9T MIAMI, FL 33129 US MIAMI, FL 3			9TH AVENUE			18 tehik férih bash galik pal	M BBIIB 18118 118	(* <b>210</b> (* <b>210</b> (* <b>11</b>	1) 1 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 (	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222008	Chg-P	CR2E03	34 (12/06)		
City & State		City & State		4. FEI Number Applied For 65-0793025 Not Applied be						
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add		
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	egistered A	gent		
				Name						
JIMENEZ, TERESA E 2411 SW 9TH AVENUE MIAMI, FL 33129				Street Address (P.O. Box Number is Not Acceptable)						
			1	City	-	<del></del>	FL	Zip Cod	<u>e</u>	
	named entity submits this statement tions of registered agent.	or the purpose of changing its	registere	d office or register	red agent, or bo	oth, in the State of Flo	orida. I am fa	amiliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered ager	TON) Hotelit applicable (NOTF	E: Registered	Agent signature required	d when reinstating)		DATE			
FIL After.Ma	E NOW!!! FEE IS \$150.00 ay_1, 2008 Fee will be \$550	9. Election Campai			.00 May Be					
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS	I /CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	DP	☐ Delete	TITLE			7011111020 10 011	ioeno mio	Change	Addition	
NAME	JIMENEZ, TERESA E	—								
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			CITY-S	ST-ZIP						
TITLE	DVP	☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS	MAITE, ANEL 995 SW 14 AVE		NAME	,					{	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-S	T ADDRESS ST-7IP					ĺ	
TITLE	DV	Delete	TITLE			·····		Change	Addition	
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STREET ADDRESS	2471 SW 9TH AVE		STREET	TADDRESS	13-1 00	u ove	L n/I			
CITY+ST-ZIP	MIAMI, FL 33129		CITY-S	ST-ZIP	TI SU	A NOE	3139		İ	
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NAME STREET ADDRESS			NAME STREET	T ADDRESS						
CITY-ST-ZIP			CITY-S							
12. I hereby certify that the information supplied with this filling 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 a other like empowered.										
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date  Description Proper										
	AIGNATURE AND TYPED OR	PRINCED NAME OF SIGNING OFFICER (	OW DIRECTO	<b></b>	•	Date	Day	ytima Phone #		