2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90187 025 ***150.00

DOCUMENT # P98000045458

1. Entity Name
CARIBBEAN BUSINESS EXPRESS, INC.

Principal Place of Business	Mailing Address
6995 NW 50 ST. SUITE 1 MIAMI, FL 33166	6995 NW 50 ST. SUITE 1 MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0839850 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CUBILLAN, HENRY
6995 NW 50 ST.
SUITE 1
MIAMI, FL 33166

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOWIII FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CUBILLAN, HENRY
STREET ADDRESS	6995 NW 50 STREET SUITE 1
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 6-30-04 305-5931152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
#P98000045458
440474776

Caribbean Business Express, Inc.

Export New & Refurbished Photographic Minilab

6995 N.W. 50 Street – Suite # 1 – Miami – FL – 33166 - Phone: 305-5931152 / Fax: 305-5931153
E-mail: hcubillan@cabbex.com Website: www.cabbex.com

State of Florida
Division of Corporation
Uniform Business Report Filings
P.O. Box 6198
Tallahassee, FL 32314

Gentlemen:

Enclosed is our check #2535 in the amount of $150 to cover 2004 FOR PROFIT CORPORATION ANNUAL REPORT (UBR) for calendar year 2004.

The company never received the original request for filing and payment. We would appreciate your favorable consideration of this request and abate the $400 late filing fee. We assure you it was not our intention to file or pay late this annual fee.

Thanks you in advance for your consideration to this request and understanding.

Sincerely yours,

Henry Cubillan
President