## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 24, 2005 08:00 AM Secretary of State DOCUMENT # P98000045458 1. Entity Name CARIBBEAN BUSINESS EXPRESS, INC. Principal Place of Business Mailing Address 6995 NW 50 ST. 6995 NW 50 ST. SUITE 1 SUITE 1 MIAMI, FL 33166 MIAMI, FL 33166 No Chg-P CR2E034 (10/03) 01172005 DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 65-0839850 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUBILLAN, HENRY DO NOT WRITE 6995 NW 50 ST. SUITE 1 IN THIS SPACE MIAMI, FL 33166 3. 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. Rogistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE CUBILLAN, HENRY NAME STREET ADDRESS 6995 NW 50 STREET SUITE 1 CITY-ST-ZIP MIAMI, FL 33166 \_\_\_U00000194550 01/25/05-80106-011 150.00 TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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:

STREET ADDRESS

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-65

305-5931152

Daytime Phone #

**FILED**