2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000072415

1. Entity Name
CARIBE BUILDERS CORP.

Principal Place of Business	Mailing Address
11755 SW 90 ST. STE 210 MIAMI, FL 33186 US	11755 SW 90 ST. STE 210 MIAMI, FL 33186 US

01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0872049
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIREN, ARNAIZ
11755 SW 90 ST.
STE 210
MIAMI, FL 33176

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

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	P
NAME	MARTINEZ, CARLOS E
STREET ADDRESS	11755 SW 90TH STREET 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	V
NAME	MARTINEZ, RAUL
STREET ADDRESS	11755 S W90TH STREET 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	S
NAME	MARTINEZ, FERNANDO
STREET ADDRESS	11755 SW 90TH STREET 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	T
NAME	ARNAIZ, MIREN
STREET ADDRESS	11755 SW 90TH STREET 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/07-80034-004 150.00

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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: _____ 1/20/07 3052731303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #