

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000076011

Entity Name: CARIB - MED, INC.

**FILED**  
**Mar 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6901 MIAMI LAKEWAY SOUTH  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

6901 MIAMI LAKEWAY SOUTH  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 65-0942611

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RASPALL, JORGE E  
6901 MIAMI LAKEWAY SOUTH  
MIAMI, FL 33014 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RASPALL, JORGE  
Address: 6901 MIAMI LAKEWAY SOUTH  
City-St-Zip: MIAMI LAKES, FL 33014

Title: ST  
Name: RASPALL, ILEANA G  
Address: 15299 SW 45 TERRACE #F  
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JORGE RASPALL

PD

03/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date