

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000099514

1. Entity Name
CARIBE RESIDENCES CORP.



Principal Place of Business
**11755 SW 90 STREET
SUITE 210
MIAMI, FL 33186 US**

Mailing Address
**11755 SW 90 STREET
SUITE 210
MIAMI, FL 33186 US**



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
69-0978499

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARNAIZ, MIREN
11755 SW 90 STREET
SUITE 210
MIAMI, FL 33186**

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IN THIS SPACE**

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 NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**U000000137058
04/29/04-80024-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTINEZ, CARLOS E
STREET ADDRESS	11755 SW 90TH STREET 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	MARTINEZ, RAUL
STREET ADDRESS	11755 SW 90TH STREET 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	MARTINEZ, FERNANDO
STREET ADDRESS	11755 SW 90TH STREET 210
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
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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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

(305) 273-1303

Daytime Phone #