


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000099514</b> 1. Entity Name CARIBE RESIDENCES CORP.	
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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
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 69-0978499	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

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	

U00000202747  
01/29/05-80002-010 150.00

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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)(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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #