

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000099514

1. Entity Name

CARIBE RESIDENCES CORP.



Principal Place of Business

11755 SW 90 STREET

SUITE 210

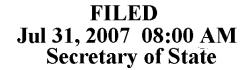
MIAMI, FL 33186 US

Mailing Address

11755 SW 90 STREET

SUITE 210

MIAMI, FL 33186 US





## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED HAMBOF SIGNING OFFICER OR DIRECTOR

07252007 CR2E034 (11/05) No Chg-P

4. FEI Number 69-0978499 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

305 a73-1303

6. Name and Address of Current Registered Agent

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

SIGNATURE:

## DO NOT WRITE 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 Signe of Florida: Lagraginalizar with, and accept the obligations of registered agent.						
SIGNATURE						
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution,		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIRE	ECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, CARLOS E 11755 SW 90TH STREET 210 MIAMI, FL 33186					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, RAUL 11755 SW 90TH STREET 210 MIAMI, FL 33186					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, FERNANDO 11755 SW 90TH STREET 210 MIAMI, FL 33186		DO NOT WRITE			
THILE NAME STREET ADDRESS CITY-SI-ZIP	D ARNAIZ, MIREN 11755 SW 90TH STREET 210 MIAMI, FL 33186			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 on 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.						