2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

MIAMI FL 33122

MIAMI FL 33173

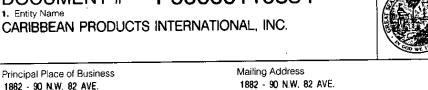
SIGNATURE



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90274 043 ***158.75

,	P99000110384	
. Entity Name CARIBBEAN PRODUCTS	INTERNATIONAL, INC.	



MIAMI FL 33122

2. Principal Place of Busi	ness	3. Mailing Address		3 (MD) (SAM) EIN IMIEM IMIEN MAIN AMIN MEINE IIAMP EI	#11 ##1## 176#1 P#191 #1#1 ###1	
1890 NW 88_	Aue	1890 NW 8	<u> 32 Ave</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	CHANGES	
City & State		City & State		4. FEI Number or access	Applied For	
Miami, FL		Miami, FL		4. FEI Number 65-0988234	Not Applicable	
ブラ186	Country	Zip 33186	Country		\$8.75 Additional Fee Required	
	e and Address of Curren			-7. Name and Address of New Registered A	gent	
o. want	e and Address of Curren	(nogratored) igoni	Name	,		
PALACIO, JORGE J		Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
10300 SUNSET DRI	VE					
SUITE 400					<u> </u>	
MIAMI EL 22172			City	CI	Zip Code	

_	The state of Florida	- Lam familiar with, and accept
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.	Tarriarina mar, and desep
	the obligations of registered agent.	

City

FILE NOW!!! FEE IS \$150.00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check	Payable to Florida Department of State						
10.	OFFICERS AND DIRECTO	RS	11.	AD	DITIONS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MENICUCCI, LOURDES GUZMAN D 1882 - 90 N.W. 82 AVE. MIAMI FL 33122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		u 82 AVE, SUITE III , PL 33126	⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENICUCCI, GIOVANNI O 1882 - 90 N.W. 82 AVE. MIAMI FL 33122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1890 N Miami	JW 88 AVE, SIVITE 111 , FL 33126		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENICUCCI, GINA 1882-90 NW 82 AVE. MIAMI FL 33122	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

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: 1

SMOTTHE.	REQUIRED
SIGNATURE AND TYPED OR PRINTED NAM	E OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #