2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63607

318 INDIAN PL #218

FORT LAUDERDALE, FL 33326

Address: City-St-Zip:

Entity Name: CARIBBEAN BASIN GROUP, INC.

FILED Jan 17, 2006 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:		
318 INDIAN SUITE 218 FORT LAU		_ 33326			
Current M	ailing Addres	s:	New Mailing Address:		
1689 NOR' SUITE 175	TH HIATUS R	DAD			
PEMBROKE PINES, FL 33026					
FEI Number:	65-0269326	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	ARLOS ATUS RD #175 Œ PINES, FL				
The above in the State		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CASAS, CARLO 1689 N HIATUS		Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	SACCO, MICHA 318 INDIAN PL		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () BARTON, WILL	Delete IAM	Title: (Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CARLOS CASAS P 01/17/2006