


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # S67634 1. Entity Name CARIBBEAN EMBLEMS, INC. |  |
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|---|---|
| Principal Place of Business 3555 N.W. 79TH AVE. MIAMI, FL 33122 | Mailing Address 3555 N.W. 79TH AVE. MIAMI, FL 33122 |
|---|---|

DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 65-0282559 | 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

GOMEZ, ALFREDO J.
3555 NW 79 AVE
MIAMI, FL 33122

**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 State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS GOMEZ, ALFREDO J 3555 NW 79 AVENUE MIAMI, FL 33122 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP GOMEZ, LIDIA N 3555 NW 79 AVENUE MIAMI, FL 33122 |
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04/06/05-80032-001 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Lidia N. Gomez, Pres. 2/9/05 (305) 593-8183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #