

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000000300

**FILED  
Jan 21, 2013  
Secretary of State  
CC1555092465**

**Entity Name:** CARIBBEAN CENTER S.A. (CORP).

**Current Principal Place of Business:**

9425 SW SUNSET DR  
STE 249  
MIAMI, FL 33173

**Current Mailing Address:**

9425 SW SUNSET DR  
STE 249  
MIAMI, FL 33173

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DIERICKX, PASCAL  
9425 SW SUNSET DR  
STE 249  
MIAMI, FL 33173 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CP  
Name DIERICKX, JULES PIERRE  
Address DELMAS 60, RUE COUTILLEN  
INPASSE FLEURY #4  
City-State-Zip: PORT-AU-PRINCE HAITI 00000

Title VCVP  
Name DIERICKX, PASCAL  
Address 8 TURTLE WALK KEY BISCAYNE  
City-State-Zip: MIAMI FL 33149

Title DS  
Name DIERICKX, JULES PIERRE JR  
Address 9615 SW 118 ST  
City-State-Zip: MIAMI FL 33176

*I hereby 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 all other like empowered.*

**SIGNATURE: PASCAL DIERICKX**

**VICE PRESIDENT**

**01/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date