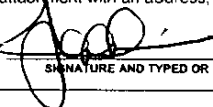


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90030 018 ***150.00

DOCUMENT # P02000075419 1. Entity Name CARIBBEAN TRADING COMPANY OF WEST FLORIDA			
Principal Place of Business 5936 FROND WAY APOLLO BEACH, FL 33572 US		Mailing Address 5936 FROND WAY APOLLO BEACH, FL 33572 US	
2. Principal Place of Business - No P.O. Box # 12638 US Hwy 41 S		3. Mailing Address 12638 US Hwy 41 S	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State GIBSONTON, FLORIDA		City & State GIBSONTON, FLORIDA	
Zip 33534		Zip 33534	
Country US		Country US	
4. FEI Number 04-3702970		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLINS, JEFFREY M 5309 LAUREL POINTE DRIVE VALRICO, FL 33594		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S COLLINS, JEFFREY M 5309 LAUREL POINTE DRIVE VALRICO, FL 33594	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, KATHY 5309 LAUREL POINTE DRIVE VALRICO, FL 33594	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
12. I hereby certify that the information supplied with this filing 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 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: 		JEFFREY M. COLLINS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		4/14/08 Date	
		813-645-2705 Daytime Phone #	