2004 FOR PROFIT CORPORATION

Apr 14, 2004 8:00 am Secretary of State ANNUAL REPORT 03-22-2004 90062 026 ***150.00 **DOCUMENT # P03000117447** 1. Entity Name AAA OF THE CARIBBEAN, INC. Mailing Address Principal Place of Business 66411599 1515 N WESTSHORE BLVD 1515 N WESTSHORE BLVD **TAMPA, FL 33603** TAMPA, FL 33603 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03172004 Chg-P CR2E034 (10/03) City & State Applied For 4. FEI Number City & State 51-0486481 Not Applicable. Country Zió Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'BRIEN, THOMAS E Street Address (P.O. Box Number is Not Acceptable) 1515 N WESTSHORE BLVD TAMPA, FL 33603 Zip Code City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if specicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President TITLE ☐ Change ☐ Addition ☐ Delete TITLE Thomas E. O'Brien NAME NAME 1515 N. Westshore Blvd STREET ADDRESS STREET ADDRESS Tampa FL 33607 CITY-ST-ZIP C177.51-71P Vice President Delete TITLE ☐ Change ☐ Addition TILES John A. Tomlin 1515 N. Westshore Blvd NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Tampa FL 33607 Change Vice President ■ Addition IIILE Edward Diaz NAME NAME STREET ADORESS STREET ADDRESS 1515 N. Westshore Blvd Tampa=FL-33607 ~ CITY-ST-ZIP CITY-ST-ZIP Treasurer ☐ Delete TITLE ☐ Change Addilion 🔲 TITLE NAME Robert A. McKee 1515 N. Westshore Blvd STREET ADDRESS STREET ADDRESS Tampa FL 33607 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition C Delete TITLE Secretary Cindy M. Potts 1515 N. Westshore Blvd Tampa FL 33607 STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TTILE TITLE NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this fiting 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 times the empowered.

CITY-ST-ZIP

linely M. Fotts, Corporate Suretary

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