2006 FO PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 08, 2006 8:00 am Secretary of State DOCUMENT # P03000117447 05-08-2006 90294 010 ***150.00 1. Entity Name AAA OF THE CARIBBEAN, INC. Principal Place of Business Mailing Address ייטטעם. 1515 N WESTSHORE BLVD 1515 N WESTSHORE BLVD TAMPA, FL 33603 TAMPA, FL 33603 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04042006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 51-0486481 Not Applicable Zip Country Country 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 O'BRIEN, THOMAS E Street Address (P.O. Box Number is Not Acceptable) 1515 N WESTSHORE BLVD TAMPA, FL 33603 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete M Addition TITLE ☐ Change Bakewell, Kevin W. O'BRIEN, THOMAS E NAME NAME 1515 N. WESTSHORE BIVE STREET ADDRESS 1515 N. WESTSHORE BLVD. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP 1anypa, FL 33607 TITLE ☐ Delete TITLE Change ☐ Addition NAME TOMLIN, JOHN A 1515 N. WESTSHORE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition DIAZ, EDWARD NAME NAME STREET ADDRESS 1515 N. WESTSHORE BLVD. STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33607** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MCKEE, ROBERT A NAME NAME STREET ADDRESS 1515 N. WESTSHORE BLVD. STREET ADDRESS TAMPA, FL 33607 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change ■ Addition POTTS: CINDY M-NAME NAME STREET ADDRESS 1515 N. WESTSHORE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, Pt. 33607 Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 to stee 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 of an address, with all other like empowered.

Date

Daytime Phone #

FILED